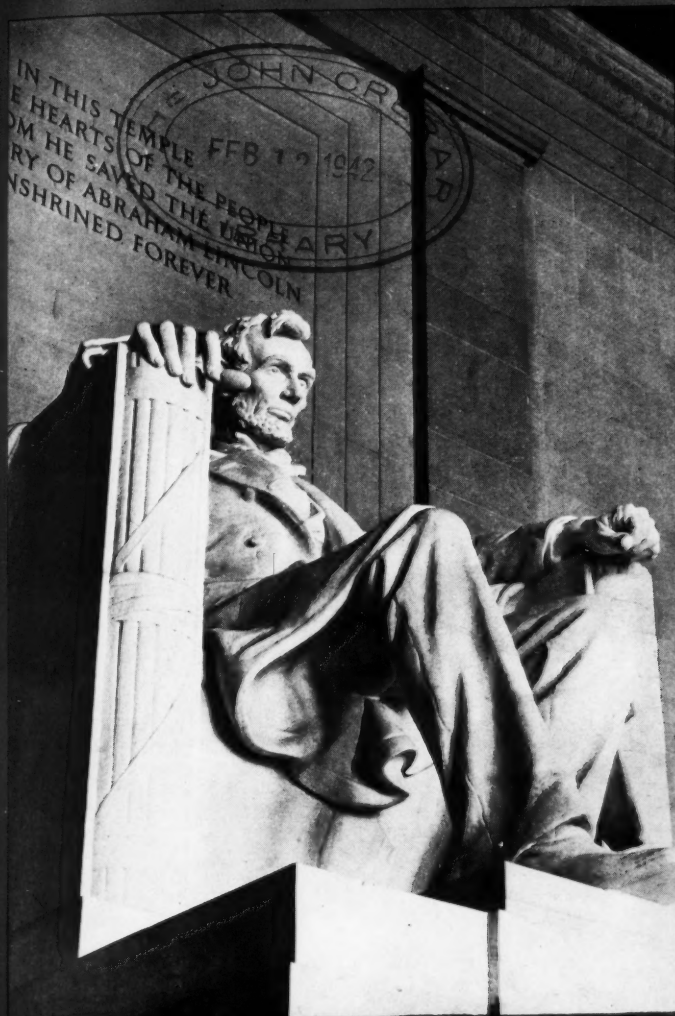


In this issue: Your Practice Suffers . . . and So Do Your Patients



Oral Hygiene



**For
Dependable
Results**

Cast with *PERFECTION*

After the preliminary steps are taken for the production of an inlay or other casting, the Perfection Casting Machine will give you full cooperation in the final successful result. Casting is the simplest factor in the making of a cast restoration, when the Perfection Casting Machine is used.



The Cleveland DENT
MANUFACTURING COMPANY
CLEVELAND, OHIO • U.S.A.

A fresh new towel

*for each
patient!*



NO LAUNDRY BILLS!

• Use Red Cross Towels once and throw away. Excellent to protect patient in chair—convenient when patient needs towel to carry when leaving

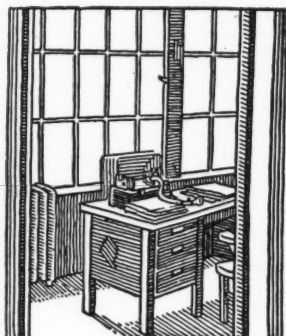
office. Size, 19" x 14", folded for ease of handling and storage. Made principally of cotton, with water-repellent crepe cellulose back. Boxes of 100 and 500.

ORDER FROM YOUR DEALER

RED CROSS TOWELS

DENTAL DIVISION

+ Johnson & Johnson **+**
NEW BRUNSWICK, N. J. CHICAGO, ILL.



The Publisher's **CORNER**

No. 248

By Mass

DENTISTRY GOES TO WAR

HERE IN PITTSBURGH, except for the great activity at the steel mills, the War still seems remote; that may be true of your town, too. But, last month, right after New Year's, I had occasion to go to Washington; there, the gigantic undertaking is so much in evidence that it is almost impossible to forget it even for a little while.

At night, the streets are dimly lighted; in the hotels, air-raid instructions are posted in the corridors and in the rooms.

Armed soldiers patrol the streets about the White House; an anti-

aircraft battery is stationed nearby. On the roof of at least one Government building I spotted another battery, manned by soldiers watching the skies. The town is full of soldiers and sailors and officers of every rank, with quite a sprinkling of the officers of allied nations. I saw one trim Chinese, wearing a long cape lined with red silk.

The very air seems charged with the spirit of determined effort. In Government departments we visited, I saw no one who didn't appear to be devoting himself energetically to his job. Talking with dozens of people, nowhere did I hear a single expression of defeatism; everywhere, I sensed a calm feeling that there is a big job to be done—a long, difficult job—but that there is utterly no doubt as to the outcome.

In a few days in Washington, you get some inkling of the enormous proportions of the war effort, a realization of the mammoth organization that must function here at home in support of the boys on the firing line. You realize, if you never did before, that the War demands home-front services of every sort, that every ounce of effort contributes to the effectiveness of the undertaking as a whole—that services the public at large perhaps never thinks about are vital parts of the whole, dental service for example.

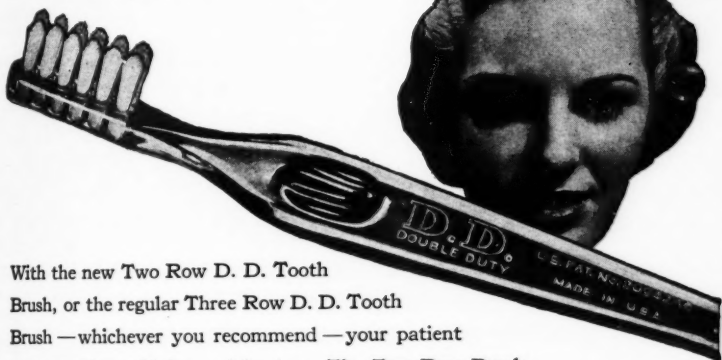
Naturally, those of us who live and work in the dental field, as members of the profession, or as laymen like myself, are conscious of dentistry's part in the great plan.

(Continued on page 142)

**This Patient may
need the THREE ROW
D. D. TOOTH BRUSH**



**This Patient may
need the TWO ROW
D. D. TOOTH BRUSH**



With the new Two Row D. D. Tooth Brush, or the regular Three Row D. D. Tooth Brush — whichever you recommend — your patient uses a modern aid for oral hygiene. The Two Row Brush, made because so many dentists demanded it, has a more compact brushhead.

Both the Two Row and Three Row D. D. Tooth Brushes have the same ingenious handle twist which turns naturally in the hand for easier, more correct and more efficient tooth brushing and gum massage. Both brushes offer strategically spaced tufts and resilient bristles for maximum interproximal penetration.

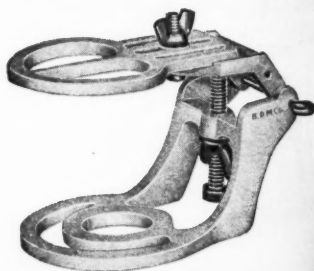
BRISTOL-MYERS COMPANY

630 Fifth Avenue Dept. 4 New York, N. Y.

**SCIENTIFICALLY DESIGNED FOR
MODERN TOOTH BRUSHING AND GUM MASSAGE**

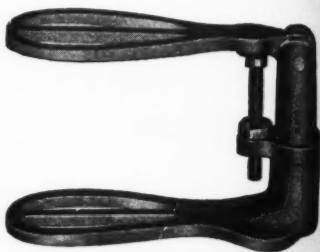
Plain Line

The No. 9—a good, reasonably priced Plain Line Articulator. Adjustable for height by use of a new type yoke operated by a free-running screw. Price, \$1.50.



or Crown

The No. 10 Lewis Crown Articulator features complete lateral swing with automatic lift to conform to cusps of teeth. A full 1-11/16 inches between top and bottom plates permits use of much thicker models. Price \$1.75.

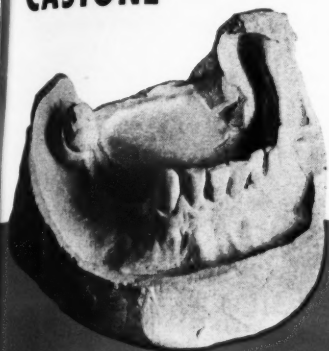


these popular Articulators still offer the **Sturdy Quality, Fine Workmanship and Finish** which have made them Famous

Both are manufactured from stiff cast bronze for hard, continuous use. They are precision made with all parts milled to fit properly. All-around quality and finish are in the Buffalo Dental tradition of producing nothing but the finest.

Buffalo Dental
MANUFACTURING CO., BUFFALO, N. Y., U. S. A.

No Stone More **ACCURATE**
 ..None So **TOUGH** .. as
CASTONE

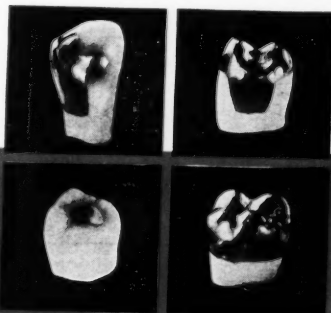


Other dental stones may approach Castone's great strength and hardness, but few even approximate its extremely low setting and thermal expansion, and none is so tough and resistant to chipping. This accuracy, strength and toughness, plus new density and smoothness of surface, make it an ideal material for inlay dies as well as minimizing make-overs when used as the model for either full dentures or cast partial restorations.

PRICES—P. O. & TOLEDO

5-lb. tin \$1.25 25-lb. pail \$5.25
 15-lb. tin 3.00 100-lb. drum 10.25

For **PRECISION CASTINGS**
 ..Large or Small..and for
ACCURATE SOLDERING..
GRAY INVESTMENT



In its exact compensation for gold shrinkage; in its ability to withstand rapid burn-out in casting and the localized heat-stresses of soldering; and in its freedom from oxidizing effect, Gray Investment does everything any special-purpose investment will do—and does it more simply and more economically . . . Certified to meet the A. D. A. specification for inlay casting investments.

PRICES—P. O. & TOLEDO

5-lb. tin \$1.25 25-lb. pail \$5.50
 15-lb. tin 3.25 100-lb. drum 11.75



THE RANSOM & RANDOLPH CO., TOLEDO, OHIO

(Continued from page 138)

But I think that anyone going to Washington, as I did, will come home, as I did, much more deeply impressed by the profession's importance in the fight against the Axis. Dentistry's share of the big job has been and is being organized to the *n*th degree, thanks to the genius of Brigadier General Leigh C. Fairbank, head of the U. S. Army Dental Corps, and his hard-working staff. In Washington, I had an opportunity to see some of the highlights, in the Surgeon General's office, at the Army Dental School, and at the Army Medical Museum.

What impressed me perhaps more than anything else was the insistence that everyone, including the lowliest private, be given dental service of the best possible quality. This ideal appears to be the foundation stone of General Fairbank's skillfully planned and rigidly controlled organization. Everything seems geared to that ideal: the character of men accepted for service in the Corps, the character of equipment and supplies provided, the detailed plans for meeting not only the requirements of work in established Army dental clinics throughout the country, but work under emergency conditions in the battlefield. For instance, one dental kit is planned for transportation by burro for Dental Corps officers attached to the Field Artillery; the specially designed chest

contains an engine, a chair, and supplies for four months. Another kit is designed for transportation in motorized units. Part of the training Dental Corps officers receive fits them to provide dental relief on the firing line, and has been perfected in maneuvers during the war games.

Never have I seen better equipped or more efficiently administered dental offices and laboratories than those at the Army Medical School; never have I seen more fascinating research projects than those being pursued in the dental division of the Army Medical Museum. The Museum dates from Civil War days, and, unlike most museums, it is a beehive of activity; its thousands of records and specimens are there for study looking toward the improvement of technique.

All in all, you would return from Washington, just as I did, proud of a profession which is playing its part in the War with so much vigor and intelligence and vision.

You would return from Washington, as I did, filled with enthusiasm for what dentistry has done and is doing and will do for the men in the fighting forces.

Our boys will return to civil life when the War is over with vastly greater respect for the profession and its achievements, thanks to General Fairbank's relentless pursuit of the ideal he set for the organization which he heads.





APPEASEMENT FOR SHORT-PANTS DICTATORS

Little patients, who snub their noses at any suggestion of medication, eagerly accept the delicious 5-vitamin nutritive tonic, CAL-C-TOSE.

- Cal-C-Tose carries no suggestion of medication. Added to milk, it makes a rich, appetizing, chocolate-flavored drink that tickles the palate of the most finicky child. It is delicious served either as a "hot chocolate" or as a cold, refreshing milkshake.
- In addition to its full protective complement of the essential vitamins A, B₁, B₂, C, and D, Cal-C-Tose also contains skimmed milk protein, dibasic calcium phosphate, and other valuable minerals.
- Because of its appealing flavor, *it encourages an increased consumption of milk* in those who may dislike it; thus additional amounts of natural vitamins and minerals are ingested daily.
- Moreover, *it is economical*. Judged on the basis of its vitamin content solely and disregarding entirely its nutritive value, Cal-C-Tose is one of the most economical of all 5-vitamin products.

HOFFMANN-LA ROCHE, INC., NUTLEY, N. J.

CAL-C-TOSE — DELICIOUS 5-VITAMIN NUTRITIVE

Fill your cementing needs with

ZINC CEMENT IMPROVED*

An excellent, all-purpose cement. It's strong, it holds, and has high resistance to oral fluids. Four colors meet all color matching requirements.



4-2 NEW USER PACKAGE

with trial powder and liquid

- | | |
|-----------------------|--------------------------|
| 1 each Powder | |
| No. 11 Pure White | 2 Bottles of Liquid |
| No. 12 Tooth Yellow | 1 Powder Measure |
| No. 13 Incisal Gray | 1 Trial Powder No. 12 |
| No. 14 Gingival Brown | 1 Trial Bottle of Liquid |

PRICE \$5.00

***COMPLIES WITH A.D.A. SPECIFICATION NO. 8, FIRST REVISION** Sale by You

with S.S. WHITE CEMENTS

SILVER CEMENT IMPROVED*



Zinc Cement Improved with 2% silver phosphate added. For cementing where germicidal action is desired; for fillings in deciduous teeth, and step, liner, base, and temporary fillings in permanent teeth.

POWDER—\$1.00

LIQUID—\$1.00

RED COPPER CEMENT*



Zinc Cement Improved with 25% red copper oxide added. Indicated for operations requiring a potent germicidal agent.

POWDER—\$1.00

LIQUID—\$1.00

KRYPTEX

A translucent "silicate" cement

For all cementing operations where color and translucence are important. Has a constant volume, great strength, durability, and permanence. Oral fluids tend to intensify its hardness. Six colors—No. 1 White, No. 3 Light Yellow, No. 5 Dark Yellow, No. 6 Light Brownish Gray, No. 9 Yellowish Light Gray, No. 12 Dark Gray.



ONE-COLOR PACKAGE

Contains 1 Powder and
Liquid—

Price \$3.00

THREE-COLOR PACKAGE

Contains 3 Powders
(Nos. 3, 6, 9) and
3 Liquids—

Price \$7.50

GERMICIDAL KRYPTEX

Kryptex with 0.2% mercurammonium chloride added. Ideal for cementing orthodontic bands. Useful for fillings in deciduous teeth and six-year molars, and where strong germicidal cement is indicated in posterior locations.



ONE-COLOR PACKAGE

Contains 1 Powder and
Liquid—

Price \$3.00

ORTHODONTIC PACKAGE

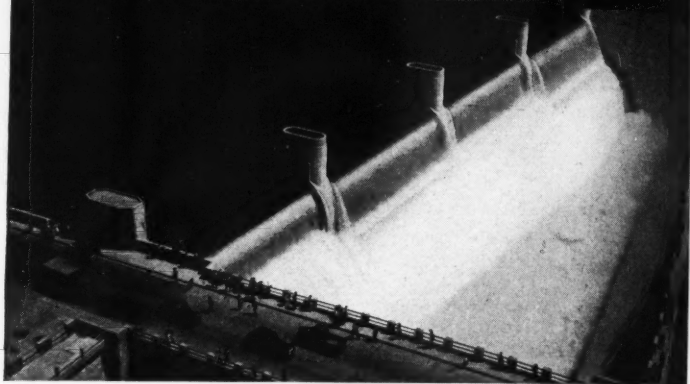
Contains 1½ ozs.
Powder and a two-
bottle Liquid Unit—

Price \$7.00

Prices subject to change without notice

REVISI Sale by Your Local Dealer—THE S.S. WHITE DENTAL MFG. CO., Philadelphia, Pa.

There's Plenty of Power in **LIQUID BULK**



...for moving industrial wheels
or **INTESTINAL WASTE**

Sal Hepatica plus water, taken as suggested, creates temporarily unabsorbable liquid bulk in the costive bowel... for gentle stimulation of peristalsis, smooth flushing and lubrication, and improvement of water balance. It's a modern and pleasant method used by many dentists for prompt and thorough removal of alimentary waste.



**DENTISTS FIND SAL HEPATICA HELPFUL
DURING TREATMENT OF:**

PERIODONTOCLASIA
CHRONIC ABSCESSSES
PULP INFECTIONS

VINCENT'S ANGINA
RETAINED ROOT FRAGMENTS
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Literature upon request

SAL HEPATICA supplies *Liquid Bulk*
to Flush the Intestinal Tract

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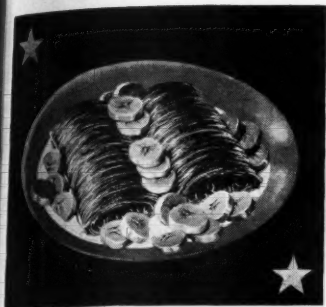
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TO YOU WHO HELP KEEP AMERICA FIT...

Reminding you of a low-cost one-dish meal that provides all the energy of Whole Wheat and Milk

The emphasis these days on whole grain foods for National Fitness is, of course, no news to you who read this page. High among the whole grain foods which contain all the energy of the pure grain—whole wheat—is Nabisco Shredded Wheat.

As a breakfast, luncheon or supper Nabisco Shredded Wheat and milk, topped perhaps with fruit, has several important advantages. It is made from 100% whole wheat and supplies whole wheat's plentiful energy. It is low in cost, and is extremely easy to prepare and serve. And

judging from the millions who eat it day after day, it is an appetizing meal.

For many years a recognized "stand-by" food, Nabisco Shredded Wheat, with its keen, nut-like toasted flavor, today takes its place among the "preferred foods," not only because of its whole wheat energy but also because it is a food that encourages greater intake of milk.

In recommending this famous cereal it is well to specify the full name, "Nabisco Shredded Wheat," which is the original Niagara Falls product.

NABISCO means NAtional BIScuit Company





Impression **Ac**



THE NEW METHACRYLATE
COMPOUND for ACCURATE
DENTAL IMPRESSIONS

for taking accurate impressions for full and partial dentures, bridges, make-overs and relines.

This completely practical material eliminates the necessity of preliminary heating, and cooling in the mouth. Requiring no equipment other than a bowl and spatula, it not only is a great time saver but does away with unnecessary mess. Impression Ac is quick and easy to use. Only a very few minutes are needed for the most difficult impressions.

It springs over the most extreme tooth or tissue undercuts without distortion—assures better fitting, more comfortable restorations. For impression accuracy insist on Impression Ac!



For useful information and *Justi-facts* about Impression Ac, Denta Pearl Teeth and Acrynamel pro

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DENTA PEARL PLASTIC TEETH



Stronger than porcelain, more natural in appearance and mouth comfort, Denta Pearl Plastic Teeth are rapidly growing in popularity. Clatter-proof,

shatter-proof and check-proof, these practical teeth are preferred by patients. Their human color defies detection. Try them on your next acrylic full or partial denture.

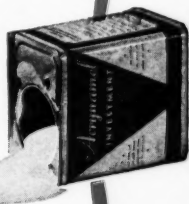
ACRYNAMEL

ACRYNAMEL, the original non-granular acrylic enamel for construction of jacket crowns, bridges, easily duplicates the most opaque or translucent teeth. Life-like in appearance, with wearing qualities akin to natural teeth, Acrynamel restorations win instant patient approval. The KIT contains powder and liquid for over 100 cases, and shade guide.

ACRYNAMEL ACCESSORIES

Other Justi Acrynamel products include ACRYNAMEL STAINS for characterizing Denta Pearl Teeth and Acrynamel restorations. ACRYNAMEL INVESTMENT for all acrylic work; ACRYNAMEL SEPARATOR which provides a smooth coating for investments; ACRYNAMEL FLASKS—bronze, four piece knockout small size for inlays and simple jackets, larger size for six tooth bridge.

Justi Acrynamel products are available at leading dental supply houses. For descriptive, illustrated literature write today.



H. D. JUSTI & SON, INC. *Manufacturers of Porcelain Teeth Since 1864*
PHILADELPHIA

see *Justi's new technique sheet* in the February and March issues of DENTAL SURVEY and DENTAL LABORATORY REVIEW

Here's Why, ...DOCTOR

Here's why you will find this new, improved dental plate powder, Perma-Grip, especially valuable in your work:

- By making the patient more comfortable during the period of adjustment to new plates, it will help to keep him satisfied.
- By making plates fit better and adhere more firmly, it will help to maintain the patient's fullest confidence in the work you do for him.



SLIGHTLY ALKALINE
TASTELESS
DOESN'T "BALL-UP"

At all Drug Counters—35¢

PERMA-GRIP
DENTAL PLATE POWDER

MADE BY THE MAKERS OF
MASSO AND PRO-PHY-LAC-TIC
TOOTH BRUSHES

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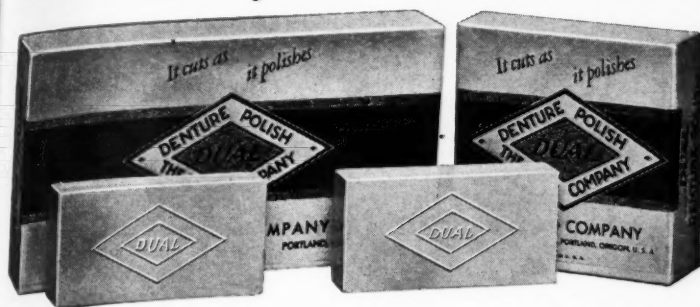
Mail

2 Ca

4 Ca

ITEC
2009

A Quick Easy Polish For Acrylic Dentures



DUAL is a dry polish which removes scratches and at the same time produces a high glazed surface.

DUAL will speed up the finishing of dentures without the danger of burning.

DUAL is used generously on a clean cloth buff for cutting and used sparingly to obtain a high polish.

DUAL is used on all denture bases as well as metals.

DUAL is fast and economical as it lasts longer. After denture is worn and trimming is necessary, DUAL is indispensable for a quick high glazed polished surface which will not irritate sensitive tissues.

Mail coupon below for Special Introductory Offer.

2 Cake Size

\$1.50

4 Cake Size

\$2.50

SPECIAL INTRODUCTORY OFFER

Iteco Dental Mfg. Co., Portland, Oregon
Enclosed is \$1.00. Please send your regular
\$1.50 size of Dual Denture Polish.

Dr.

Address

Mail Today—This Offer for Limited Time Only

ITECO DENTAL MANUFACTURING COMPANY
2009 N. Killingsworth PORTLAND, OREGON Since 1924



The Bosworth WINGLITE

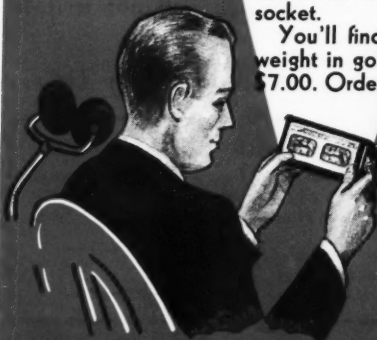
Place the Winglite in your patient's hands and it will do the rest . . .

The little red arrows on the bite wing x-rays, indicating necessary dental work, will—

- SECURE UNDIVIDED ATTENTION
- CREATE IMMEDIATE INTEREST
- EDUCATE THE PATIENTS
- OBTAIN DESIRED ACTION

With this convenient, compact, streamlined Winglite you can present clearly to your patients a visual picture of the dental care needed and better satisfy their desire for information. Simply plug in any socket.

You'll find the helpful Winglite worth its weight in gold—yet it is modestly priced at \$7.00. Order today through your dealer.



HARRY J. BOSWORTH COMPANY

1315 SOUTH MICHIGAN AVENUE • CHICAGO, ILLINOIS



A BRAND
NEW TOOTH

Is Just Out!

TRUBYTE
New Hue
PONTICS

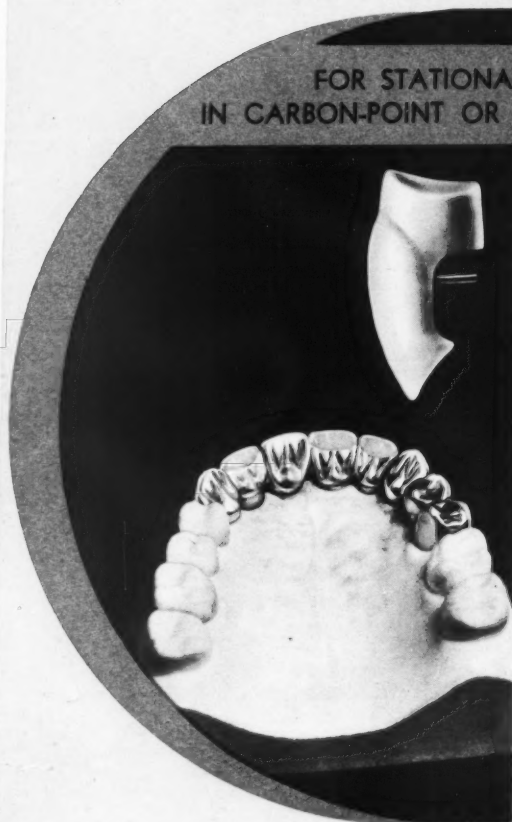
**TRUBYTE
NEW HUE SHADES**

**FOR STATIONARY
BRIDGEWORK**

Ready built-in root ends save time . . . All-porcelain incisal assures greater esthetics through elimination of gold at the incisal.

THE INCOMPARABLE

FOR STATIONARY BRIDGES
IN CARBON-POINT OR SOLDERED TECHNIC



TRUBYTE NEW HUE PONTICS

A NEW tooth ... important not because it's new because of its revolutionary sign ... an all-porcelain incisal area that enables you to create bridgework that gives patients the maximum of beauty and practicality.

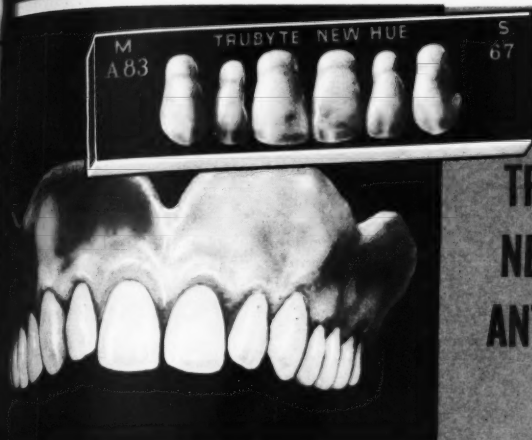
YOU save hours of time when you construct a case with Trubyte New Hue Pontics, because the contour at the gingival and the all-porcelain incisal area do away with the necessity for adding root extensions and incisal tips.

In addition, Trubyte New Hue Pontics, in the easy-to-match Trubyte New Hue shades, insure harmonious blending with adjacent natural teeth. A postal will bring you a Mould and Technique Book.

A Form for Every Face

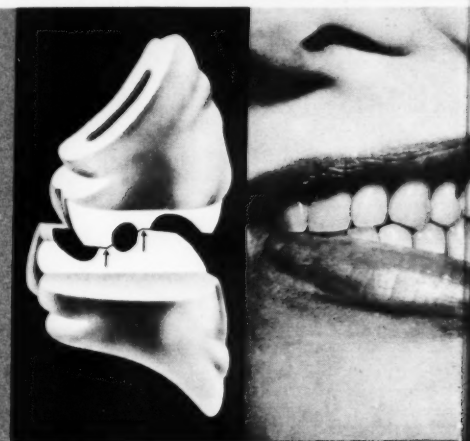
TRUBYTE NEW HUE SHADES NOW AVAILABLE IN TEETH FOR EVERY TYPE

FOR FULL DENTURES IN ACRYLIC, VULCANITE OR METAL AND FOR PARTIALS AND BRIDGES WITH ACRYLIC OR VULCANITE ATTACHMENTS



**TRUBYTE
NEW HUE
ANTERIORS**

**TRUBYTE
NEW HUE
20°
POSTERIOR**



TRUBYTE New Hue dentures reveal the artistry that your skill and modern dental science make possible better than any other form of dental service.

Trubyte New Hue Teeth offer you a composite of the requirements for lifelike restorations.

Easy-to-match natural shades.

Translucent, fluorescent porcelain that makes the teeth come to life in the mouth.

All-porcelain approximal surfaces permit rotation to any desired arrangement.

Wide variety of moulds that provide a form for every face, a size for every case.

THE artificial posteriors that are acclaimed a satisfactory substitute for natural posteriors by the profession and patients.

The scientific engineering of Trubyte New Hue 20° Posteriors provides patients with maximum comfort and efficiency.

Low cusps; no locking.

Narrow contacting surfaces that minimize trauma assure stability.

Ample food table, as in natural teeth.

Interacting knives carved into occlusal surfaces for efficient mastication.

A Size for Every Case

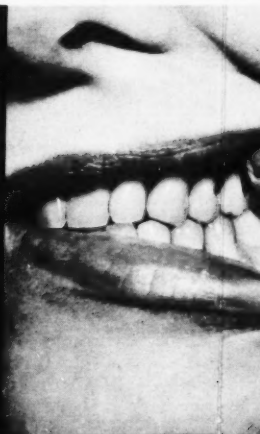
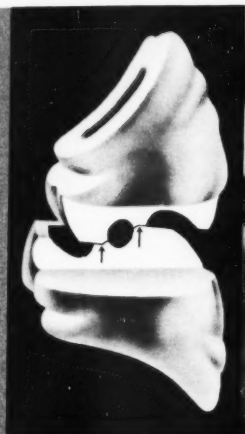
A Shade for Every Complex

NOW AVAILABLE IN TEETH FOR EVERY TYPE

ACRYLIC, VULCANITE OR METAL AND FOR
WITH ACRYLIC OR VULCANITE ATTACHMENTS

TRUBYTE
NEW HUE
ANTERIOR

TRUBYTE
NEW HUE
20°
POSTERIOR



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THE artificial posteriors that are acclaimed a satisfactory substitute for natural posteriors by the profession and patients.

The scientific engineering of Trubyte New Hue 20° Posteriors provides patients with maximum comfort and efficiency.

Low cusps; no locking.

Narrow contacting surfaces that minimize trauma, assure stability.

Ample food table, as in natural teeth.

Interacting knives carved into occlusal surfaces for efficient mastication.

Case

A Shade for Every Complexion

TYPE OF DENTURE RESTORATION

FOR CAST REMOVABLE
PARTIAL DENTURES AND BRIDGEWORK

TRUBRIDGE NEW HUE ANTERIORS and POSTERIORs

TRUBRIDGE New Hue Teeth are teeth that give you a combination of the beauty of Trubyte New Hue Porcelain and shades with especially designed and exclusive technical advantages that facilitate functional excellence.



THE tapered post-hole, an exclusive feature of Trubridge New Hue Teeth, facilitates easy, accurate positioning.

The specially designed ridge-lap permits easy adaptation to practically all ridge conditions, with a minimum of grinding.

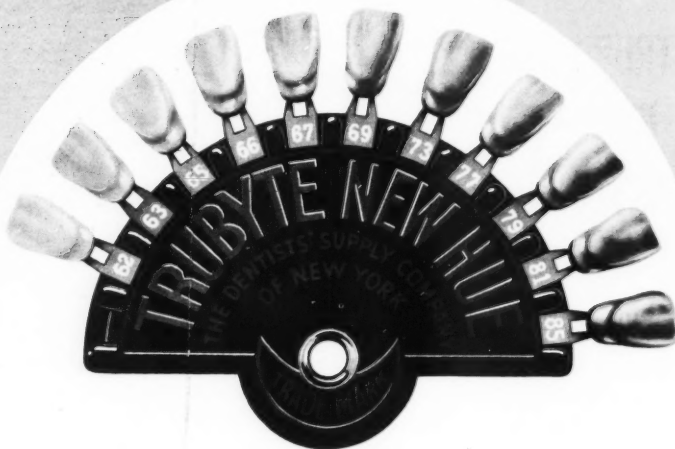
The finishing shoulder, which permits a uniform finish line, is a special design.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK
220 WEST 42nd STREET
NEW YORK, N. Y.

THREE PREREQUISITES YOU GET ALL OF

Natural Shades

You can match the natural teeth of patients of all ages with the eleven Trubyte New Hue Shades.



TRUBYTE New Hue shades are the result of 20 years of intensive scientific color research.

The blended translucence and controlled fluorescence, together with the easy-to-match natural shades of New Hue porcelain, are the reasons why Trubyte New Hue Teeth have the vital, brilliant appearance of healthy natural teeth.

In the mouth, Trubyte New Hue Teeth absorb and mirror the colors of their environment. They appear vital in all lights.

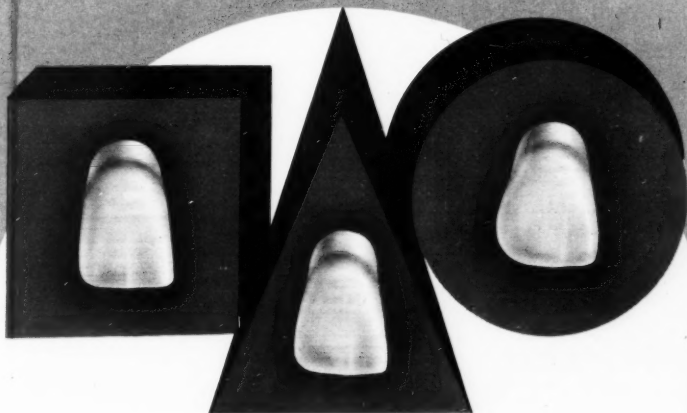
A Shade for Every Complexion

T H E D E N T I S T S

ES TO PERSONALIZING DE
OF THEM ONLY IN TRUBYTE

Harmonious Forms

*Moulds designed and classified for harmony of tooth
and face form simplify tooth selection.*



TRUBYTE New Hue Teeth harmonize with all face forms, because they are carved to conform to nature's three basic facial types—square, tapering and ovoid. Every patient's face can be classified basically as square, tapering or ovoid.

Trubyte New Hue Teeth are scientifically classified under these types in a wide variety of forms and sizes.

This simplifies tooth selection.

A Form for Every Face

S U P P L Y C O M P A N Y

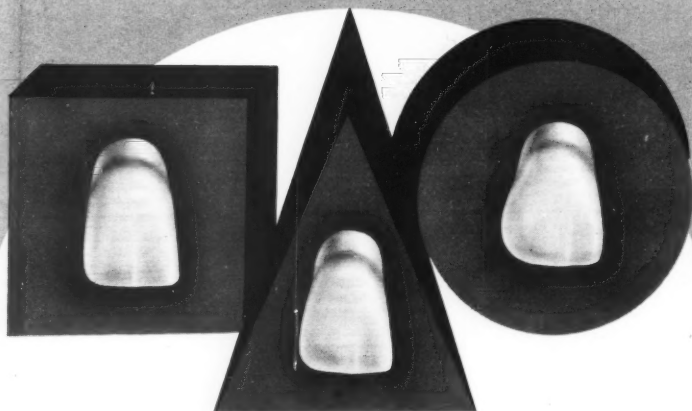
220 WEST 42nd STREET

NEW YORK, N. Y.

TO PERSONALIZING DENTURE RESTORATIONS THEM ONLY IN TRUBYTE NEW HUE TEETH

Harmonious Forms

Moulds designed and classified for harmony of tooth and face form simplify tooth selection.



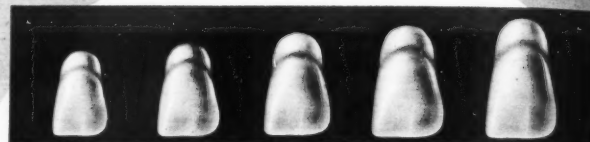
TRUBYTE New Hue Teeth harmonize with all face forms, because they are carved to conform to nature's three basic facial types—square, tapering and ovoid. Every patient's face can be classified basically as square, tapering or ovoid.

Trubyte New Hue Teeth are scientifically classified under these types in a wide variety of forms and sizes.

This simplifies tooth selection.

Standardized Sizes

Patented, precision methods of moulding produce standardized sizes in each Trubyte New Hue form.



TRUBYTE New Hue Teeth are available in graded sizes in each form. Generally speaking, the sizes vary about $\frac{1}{2}$ mm. in width of centrals, for instance: Mould 262, 7 mm.; 263, $7\frac{1}{2}$ mm.; 264, 8 mm.; 265, $8\frac{1}{2}$ mm.; 266, 9 mm.

That is why in Trubyte New Hue Teeth you have a size for every case. Because sizes are standardized, you can duplicate teeth of the exact size and color at any time.



A Form for Every Face

A Size for Every Case

S U P P L Y C O M P A N Y O F N E W Y O R K

220 WEST 42nd STREET NEW YORK, N. Y.

MADE IN U.S.A.

Dentlock

DENTURE POWDER . . .

*Helps Your Patients Gain
Denture Mastery—Quickly and Easily*



Your patients, wearing a denture for the first time, need more help than your informative and encouraging verbal instructions.

Let DENTLOCK assist you in helping them over the "break in" stage to gain denture mastery. It means quicker comfort and confidence for patients . . . greater patient satisfaction and increased prestige for you.

DENTLOCK is a safe, tested adhesive that gives your patients immediate, **long-lasting** service and satisfaction. Scientifically prepared of carefully selected, proven ingredients, it cushions plates on sensitive gum ridges, minimizing possible irritation and soreness.



DENTGLO BRUSHLESS CLEANSER

dissolves mucin film, stains, tarnish; gives patients sparkling clean, odorless plates and bridges; checks offensive "denture breath"; and prevents loss of denture fit and clasp alignment of partials, due to careless or too vigorous cleansing with harsh abrasives and brushes.

MAIL COUPON

Below for a generous supply of samples for distribution to your patients

FORT ORANGE CHEMICAL CO.

O1

Albany, New York

Send samples of DENTLOCK Denture Powder and
DENTGLO Brushless Cleanser for my patients.

Dr.
Address
City State
My Druggist is:
Name
Address

REDUCING NICOTINE INTAKE

*HOW MUCH COOPERATION CAN YOU COUNT ON
WHEN MODIFYING PATIENTS' SMOKING?*

USUALLY the physician has two objectives in his program for improving a patient's smoking hygiene: 1. Reduction of the nicotine intake. 2. Assurance of his patient's full cooperation.

Your recommendation of Camel cigarettes is sound on both counts, because Camel is the slower-burning brand. Medical—research authorities* find that the slower-burning cigarette produces less nicotine in the smoke. Camel's scientific tests** show that Camels burn slower and that the smoke of Camels contains less nicotine than the average of the other brands tested.

Camel's lesser nicotine content in the smoke provides a valuable improvement in hygiene, while Camel's slower burning—the “pleasure factor”—assures the cooperation of the patient.

FOR THE PHYSICIAN WHO WISHES TO REVIEW THE MODERN MEDICAL ASPECTS OF SMOKING

—a recent article by a noted physician. Send for a reprint from The Military Surgeon, July, 1941. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

*J.A.M.A., 93:1110, Oct. 12, 1929

Bruckner, *Die Biochemie des Tabaks*, 1936

**The Military Surgeon, Vol. 89, No. 1, p. 7, July, 1941

CAMEL

THE CIGARETTE OF COSTLIER TOBACCOS

A New, Important Contribution to MODERN EXODONTIC TECHNIQUE

● For years widely used in general surgery, Gomco Aspirators are fast gaining acceptance among exodontists and oral surgeons, as well as many general practitioners. Here is the truly efficient way to keep the field of operation free of blood and saliva, eliminating bothersome and time-taking sponging. The Gomco Aspirator is especially indicated where gas analgesia and anaesthesia are employed, *since it averts the serious danger of a patient's inspiring foreign material into the lungs.*

MINIMIZES TRAUMATISM of the tissues by effectively removing infected materials.

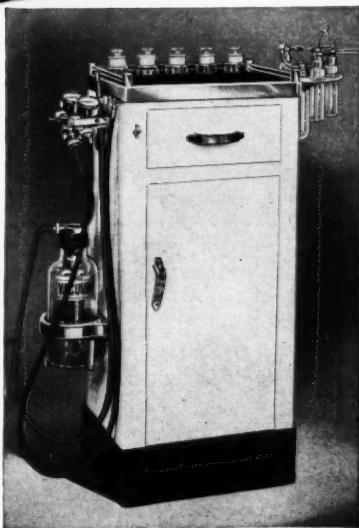
PROVIDES THORO DRAINAGE throughout mouth and throat areas, abscessed cavities, cysts, antra.

REMOVES TOOTH FRAGMENTS quickly and safely.

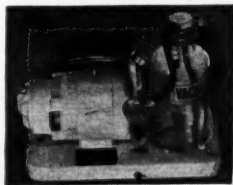
The Gomco Aspirator is attractively modern in design, easy to control, built for years of serviceability. Ask your dealer—or write for descriptive literature.

GOMCO
SURGICAL MANUFACTURING CORP.

97 Ellicott St., Buffalo, N. Y.



The Gomco Aspirator No. 1002.
A deluxe unit, complete in every detail.
Provides both suction and pressure.



The Gomco Aspirator No. 789.
A compact, complete unit, easily portable.

GOMCO ASPIRATOR

*The Quicker ...
Cleaner ...
Safer Way ...*

TO CLEAN and POLISH

• TEETH •
• GOLD •
PORCELAIN



WHEEL



CUP



CONE



SULCI



HIGH
LUSTRE

BURLEW DISCS

Pat. No. 1692329

Use wet or dry - - No spattering
THE PUMICE IS IN THE DISCS

\$1.00 a Box

Any Style or Assorted

At Your Dealer

THE patented Burlew formula and manufacturing process give Burlews a polishing action 40% greater than other discs; a heating rate 45% less; and 80% longer life. Burlews will not injure teeth or gums yet will remove the most persistent stains.

J. F. JELENKO & CO., INC.

Manufacturers of Dental Golds & Specialties

136 West 52nd Street

New York, U. S. A.

GOLD *if*



INLAY GOLDS

DEEBONE ..Soft
DEETWO ..Med.

DEEFIVE
DEESIX ..Hard
DEESEVEN

For CAST PARTIALS

DEEFOUR
DEETHREE
DEELITE



if

your patients knew as much about metals as you do, *they would demand gold . . .* as an investment in oral comfort and correct functioning through long trouble-free service.

if

in addition to the prestige and profits gold yields to your practice, you see the utmost in quality and dependable uniformity, the record of performance behind Dee Gold Alloys merits your preference.

if

you have a number of different and distinctive types of cases on hand, you know that you may call for a Dee Gold that has been exactly compounded to fit each specific need.

if

you want *predetermined results*, you may rely upon the family of Dee Golds . . . each type the result of 52 years of research, discovery and development.

Your Dealer or Laboratory will confirm your good judgment when you order and re-order Dee Golds.

GENERAL OFFICES
AND PLANT
1900 W. KINZIE ST.

T H O M A S J.
DEE & CO.
Precious Metals
CHICAGO

DOWNTOWN OLD GOLD
AND SALES OFFICE
55 E. WASHINGTON ST.



Q. Canning's a pretty old method of preserving foods, isn't it?

A. No. On the contrary it's comparatively new. Methods of food preservation, such as smoking and drying fish and meats, are thousands of years old. However, canning was first successfully employed in the early years of the 19th century. The improvements of modern canning procedures are the direct outgrowth of many achievements of modern science. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

-
- (1) 1811. The Art of Preserving All Kinds of Animal and Vegetable Substances for Several Years, M. Appert, Black, Perry and Kingsbury, London.
 1938. Food Research 3, 13.
 1938. Ibid. 3, 91
 1939. Canned Food Reference Manual, American Can Company, New York
 1941. Ind. Eng. Chem. 33, 292



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

Before the Opening of
TRAIN SERVICE
between
NEW YORK AND ALBANY

THE long experience of Church & Dwight Company in the production of Sodium Bicarbonate is evidenced by the fact that our founders were producing this essential drug five years before the inauguration of train service between New York and Albany.

Guided by nearly a century of specialized experience, Church & Dwight Company is today able to offer a U.S.P.XI Sodium Bicarbonate, at an extremely low price.

Our products, known the nation over as Arm & Hammer and Cow Brand Baking Soda (pure Bicarbonate of Soda) are widely used in dental practice. They are acceptable as tooth cleansers to the Council on Dental Therapeutics—effectively clean both natural teeth and artificial dentures.

In solution, our Bicarbonate of Soda makes an excellent cleansing wash, good to use in post-operative care or in the treatment of ulcerative stomatitis resulting from the use of bismuth and mercury. It is valuable also in the care of laboratory equipment and instruments.

One or the other of these two famous old brands is available in almost every community in the country at just a few cents a package. They are dependable products.

**Business Established
in 1846**

CHURCH & DWIGHT CO., Inc.

10 Cedar Street New York, N. Y.



CASTS PERFECTLY TO A
SHARP-MARGINED INLAY
ENDURING...INCONSPICUOUS

At your dealers...or write
WILLIAMS GOLD REFINING COMPANY
Buffalo, New York Fort Erie, N., Ont.

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Oral Hygiene

VOL. 32, NO. 2

FEBRUARY, 1942

Your Practice Suffers . . . And So Do Your Patients. 163

The "mail-order dentists" thrive at the expense of a gullible public. They continue to advertise blatantly in pulp magazines and farm papers. The problem is a national menace—a detriment to the dental profession and the public.

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Peter T. Swanish, Ph.D.

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**FORHAN'S ADVERTISING CRUSADE
URGES MILLIONS TO:**

"SEE YOUR DENTIST EVERY 3 MONTHS"

Don't wait until your teeth ache. Visit your dentist every three months instead of the old-fashioned theory of "twice a year". In this way he can study occlusal surfaces, keep a close watch for cavities and save you pain and dental bills in the long run—

The above message is constantly appearing in leading magazines and on Gabriel Heatter's News Broadcasts every Tuesday and Thursday night.

95% CASES OF GINGIVITIS IMPROVED IN 30 DAYS

Clinical investigation showed 95% of Gingivitis cases improved in 30 days (after prophylaxis) by daily massaging gums and brushing teeth with Forhan's Toothpaste. Won't you please suggest Forhan's with massage to supplement dental chair treatment?



THE ORIGINAL TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH

YOUR PRACTICE SUFFERS ... and so do your patients

SPORADIC, BUT highly energetic attempts have been made from time to time in many sections of the country to stamp out the mail-order denture racket. Postal regulations, dental laws, court trials, have all been invoked periodically to curtail the activities of unscrupulous dentists and advertising laboratories. But the success of these measures has been only temporary. Today the denture racket continues to flourish to the detriment of the dental profession and the public. It is no longer a local problem; it has become a national menace that cannot be dealt with by any of the palliative measures that have so far been adopted.

At the expense of a gullible public, the "mail-order dentists" thrive. In whatever part of the country they operate, there is a monotonous similarity in their methods of procedure. They advertise widely and blatantly in pulp magazines, farm papers, and in cheap, sensational publications. All these dental racketeers have mastered the time-honored technique of establishing con-

fidence in the public mind, of appealing to vanity and the sense of economy. They are the "world's largest plate makers." They offer "plates made to measure for you individually from an impression taken easily in your own home." Dentures are made only "under the exact supervision of a licensed dentist" in modernly-equipped laboratories. These dentures are "beautiful, natural looking," they even "add to your personality," and "make you look years younger." Prospective customers are offered a 60-day free trial, a money-back guarantee, and rock-bottom prices beginning at \$6.50. The advertisers point to their copyrighted catalogs, their registered trade names, their convincing testimonials from satisfied customers. How could you question our reliability, they ask? Apparently many of the general public do not, because an average mail-order laboratory reports that it keeps forty-five to fifty men busy turning out 200 dentures a day for willing prospects.

It is not only by mail that the

public is being urged to buy cheap dentures. Local laboratories have been set up in many large cities to sell dentures direct to the customer. Frequently these laboratories are nothing more than screens for the advertising dentists. A laboratory owner, a dentist, and a technician may combine their activities to circumvent dental laws. Behind this protective front the dentist advertises cheap denture service by signs and on billboards, runs regular advertising in the metropolitan daily papers, and in foreign language papers. He preys on people to whom the price appeal is all important, as well as those in higher income groups. Sometimes these laboratories are run in combination with a mail-order denture business. Under one name the laboratory operates locally, perhaps with as many as six different branch offices, and under another name it carries on an extensive mail-order business. If a laboratory is closed up in one place, it may open up in another city with a new name, making it impossible for a state law to put such a concern permanently out of business.

Dentists Take Impressions

To allay suspicion the dentist often has no apparent connection with the laboratory. He may have his office down the hall or even in another building. Patients are sent to him to have impressions taken, for which the fee ranges from \$2.00 up. Some of these big city laboratories have panels of from thirty to forty licensed dentists from which a patient may select the one

he prefers. They are equipped to handle a volume of business. One laboratory technician is generally in charge of a whole group of unskilled workers who are hired for such a low salary that, despite adjustments and dissatisfied customers, the laboratory makes money. Such local laboratories, too, have the advantage of being able to feature sensational price-reduction offers from time to time. This week's specials, 90 days' trial, ten months to pay, and a written insurance policy free with your dentures, are some of the come-on slogans they use to bring the passers-by in off the street.

The procedure followed by mail-order laboratories, after their advertising takes effect, is carefully worked out.

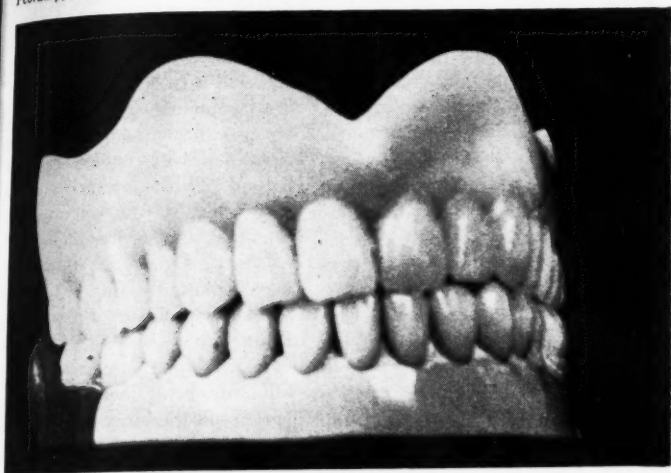
When a person writes for information, a box containing a wax mold, with full instructions, is sent, accompanied by an envelope stuffed with printed matter. This statement regarding the method of operation comes from a technician who formerly worked in one of these laboratories:

"When the bite is returned to the laboratory, a cheap impression tray filled with modeling compound, with full instructions for each denture, is sent the customer. If a full upper and lower is to be made, a form of wax is also sent for a bite.

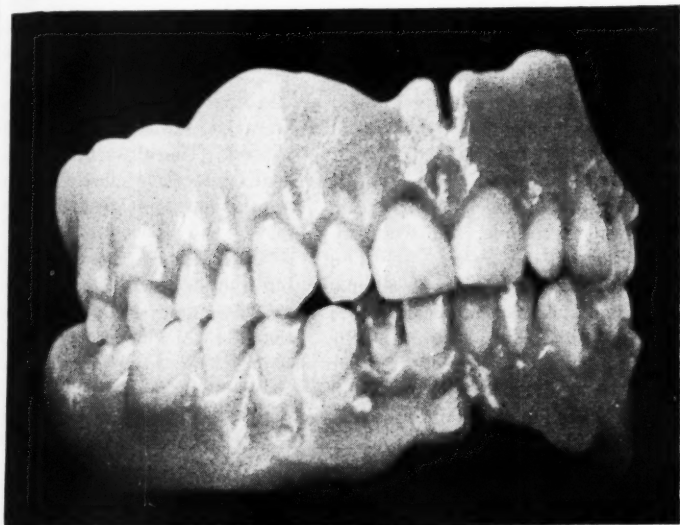
"When the impressions come in to the laboratory they are looked over (by a person not well enough informed to judge an impression). The only time an impression is returned is when the bite is way off.

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These dentures were made by a dental laboratory advertising to the public directly. They did not fit or function. They show no individuality. They are, indeed, "plates."



These dentures were made for the same patient from accurate impressions taken by a dentist. This is an example of professional denture service. The vertical facial dimension is restored, the teeth are set up to conform to individual requirements.

If it is considered all right, the case is sent for try-in. In an upper and lower denture, the lower is set up, and the anterior uppers only, so the bite can be checked.

"If the order is for a single denture, two pieces of wax, three-quarters of an inch in diameter, one-and-a-half inches long, are sent with instructions how to use them. *In all of the higher-priced dentures, more care is taken regarding impressions and bites.* When selling many of the better cases, a tube of material, such as is used by dentists, is sent with the try-in to obtain a better impression. When this is returned to the laboratory, the denture is finished and sent C.O.D., if not paid for in advance."

Laboratory Procedure

This technician, who was employed in one of these mail-order laboratories, which is also developing local business, gives an insider's view of how this racket operates:

"Two-and-a-half years ago the laboratory in which I worked employed ten people, who were producing on the average of about twenty-five cases a day—all mail orders. There was no local business at that time. Now they are putting out an average of five or six orders a day locally and about sixty orders a day for the mail-order business. Although the majority of the cases are vulcanite, this laboratory still advertises an acrylic denture, blanks for which are purchased for five cents each.

"Most of the complaints received by the laboratory resulted from the

bite being off. The patient usually marked the high spots with a pencil and sent it back. The person doing this adjusting ground the case down until he thought it was about right, and it was mailed back to the patient. This continued until the case fitted. A case was sometimes sent back and forth ten times.

"The personnel of this laboratory consisted mainly of men and women who did not know the first thing about this kind of service. One girl, who had never worked in a laboratory or dental office before, sorted out the bites. From 40 to 50 people were employed, not more than four or five of them actual technicians. One person, who knew the business, was kept at the head of each department. Wages ran about \$36.00 for the head of the local department, \$30.00 for the foreman of the mail-order department, plus a \$10.00-a-week bonus. The other thirty or forty employees averaged between \$15.00 to \$30.00 a week. There was usually one dentist in each office, who took impressions for patients who came in.

"Refunds are *sometimes* made, but if at all possible they try not to give the money back. In their local business this laboratory now has about 25 makeovers a week, a much smaller average than the mail-orders. At times, a dissatisfied customer has been given a better denture for the same price in order to pacify him. Remakes and adjustments average about 44 per cent. The finished product, if inspected by one who knows dentures, would not look right, but to a person who

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probably has never seen more than three or four dentures it looks rather good. The cases are usually poorly articulated, and seldom are letters ever received stating the dentures are excellent. Each patient is promised a discount of \$1.00 or \$2.00, if he sends in the names of five persons who may be in need of dentures.

"The price scale in this laboratory runs from \$9.50 up and the highest price is \$144.00 for a full upper and lower. This is called the acrylic gold, a clear acrylic with shavings of gold dust. Charges are made on all adjustments on cases in the lower price scale. The charges run from \$1.00 and up. Usually orders are received for one or two of these \$144.00 dentures each week. Their denture for \$35.00, or \$70.00 for an upper and lower denture, is the most popular. This is a clear palate acrylic.

"When a patient enters the office he is directed to a salesman, usually a man or woman with a good selling personality, who knows nothing about the product. The patient is first shown one of the cheap dentures, a sample made up to discourage the buying of this case; and then he is gradually talked into the higher-priced dentures. When the sale is made, a dentist in the office takes the impression."

* * *

Doctor Daniel J. Walker, Chicago, tells of the experience one of his patients had with an advertising dental laboratory:

"Mr. A consulted me ten days ago and asked if he could be fitted

with full upper and lower dentures. I inquired why he was skeptical of being fitted with dentures, and he went on to explain that it would be his twelfth set.

"He had gone to the office of an advertising dental laboratory. The person in charge there contracted to make a full upper and lower denture for him for the total price of \$75.00; he also guaranteed these dentures for ten years with a promise of his money to be refunded, if the teeth were not satisfactory.

"The salesman then turned him over to a dentist in an adjoining office, who took his upper and lower impressions, charging him an extra five dollar fee for his services.

"After he received his dentures, which proved unsatisfactory, he returned and demanded his money refunded. Refusing to grant a refund, they induced Mr. A to let them make the dentures over. The next set proving as unsatisfactory, they used the same procedure, in all making ten sets of dentures between February, 1939 and April, 1941.

"Mr. A, being a small business man of the far South Side, got a little tired of spending time and money in leaving his business every few days to have new teeth fitted, so after the unsatisfactory tenth set he entered a complaint with the Chicago Better Business Bureau to see if they could aid in getting his money refunded. They advised him to let the laboratory make one more set, which he did; namely, the eleventh set, which proved as bad as the first.

"That concluded his dental ex-

perience until ten days ago, when I started to make dentures for him. The fitting of Mr. A with dentures was done by the methods practiced in all average dental offices, and he says the results are perfectly satisfactory to him."

* * *

Doctor R. L. Guedel, Indianapolis, writes: "In Indianapolis, we now have a new laboratory, advertising acrylics at \$17.50, with ten months to pay; plates cleaned or repaired are \$1.00; work done by a licensed dentist—but no dentist's name appears on the advertisement.

"On calling our Better Business Bureau, as a prospective patient for this laboratory, I was told—'They are not listed, we have had no complaints, and you might get a good set of teeth and save some money.' Isn't that something for a city of almost four hundred so-called ethical dentists?

"At this time we must have preventive dentistry, but it seems to me that at the same time prosthetic service must be given. It is the same as an appendectomy to the physician—bread and butter.

"While most of our dental schools and societies are hashing out various methods of impression-taking, this group of cheap sports are taking plain impressions and mush bites, and now they make us look like saps.

"These advertisers at the present time, as in the past, are the only ones giving the public any dental education. Suppose you were at a social function and would hear

someone say—'I just got my new teeth, they are a beautiful, transparent, lovely pink. Doctor X made them. It took him two weeks, cost me \$250.00, and they are very hard to get used to.' Another person speaks up and says—'That's funny, they look just like mine, but I went to the Supreme Dental Laboratory. They cost me only \$50.00. I got them in one day, and haven't had any trouble at all.' These same things are being said in your state and mine every day. That is how the general public is being educated in dentistry; it's degrading to a profession with 65,000 members.

"My advice to the dental profession is: 1. Compete with these chiselers at any cost; 2. Bar all laboratory men from dental meetings; 3. No higher requirements for dental education; 4. Less wind at dental meetings, and more facts; and, 5. Stay in our own bracket."

* * *

S. A. Allen, D.D.S., of Los Angeles, reports: "The best laboratories in Los Angeles have no desire to work direct for patients. They consider it bad business for a dentist even to send in a patient for shade verification.

"One laboratory does not have the word 'laboratory' on its door, preferring the word 'technician' after the word 'dental.' Better laboratories want dentists themselves to put through a stiff law, which will 'actually prevent' dental mechanics becoming dental law breakers; every dental laboratory man to be licensed as such. This, say laboratory men, would remove

many 'k'ories.

"Then unions

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many 'kitchen' and 'garage' laboratories.

"There are no dental laboratory unions in California yet."

"The types of 'racket' laboratory men that we have here are:

1. The person who works for a dentist and 'puts one through' every once in a while 'on his own.'

2. Dental laboratory technician who takes care of a 'friend.'

3. The laboratory itself, which just 'works across the counter,' does not take impressions or work 'on' patients, but confines its service to repairs mostly.

4. Laboratory which advertises its place of business and has a licensed dentist to work on patient. This type is unlawful in twenty-two states.

5. Laboratory that advertises asking public to get dentures 'direct from laboratory—at laboratory price'; when patient arrives he is sent to a licensed dentist to have an impression taken."

Dentists Must Compete

The extension of the activities of "mail-order dentists," as indicated here, shows plainly the need for each dentist to take whatever action he can personally to overcome the competition of these unethical practitioners. No dentist should assume that he is outside the sphere of their influence. If he has lost none of his patients up to now, that is no indication that in the near future he may not feel the pressure of this group. After familiarizing himself with the methods these men use to ensnare the public, he ought to begin in his own office to combat their influence. There is no doubt that even patients who have a substantial income may resent the wide

discrepancy between the prices charged for dentures by the ethical dentist and those asked by the advertising dentist. Each dentist should analyze his own patients, determine what kind of denture service they are willing to and can pay for, and adjust his services accordingly. This does not mean that he should cut his prices, regardless of the service given, but he must attempt to serve people at different economic levels and modify his fees or regulate the payments according to individual needs. The spectre of the \$6.50 denture fee is in every dental office. It is up to each dentist to figure out what he can personally do about it.

Nationally, there is now a promise of action. Doctor Philip A. Traynor, representative from Delaware, introduced H.R. 5674, a bill to make mail-order dentistry unlawful, in the House of Representatives on September 17, 1941. It was referred to the Committee on Interstate and Foreign Commerce. This bill provides that constructing or supplying dentures from casts or impressions sent through the mail, or in interstate commerce, shall be prohibited in any of the states which prohibit: making casts of the mouth or teeth by persons not licensed to practice dentistry; construction or supplying of dentures by a person who is not authorized to do so by a licensed dentist in that state; and, the construction or supply of dentures from impressions or casts made by a person not licensed to practice dentistry.

Dental officers serving with the Harbor Defense Regiment have important duties that extend far beyond the giving of dental treatments.



Regimental Dental Dispensary.

Dental Service in the Coast Artillery

by Neill W. Macauley, Major, Dental Corps

ALL OVER THE United States dentists, who have commissions in the National Guard and the Dental Reserve Corps, have been called from private practice to assume duties in the Medical Department of the United States Army. Among civilian dentists, however, there seems to be a general misunderstanding as to the duties and responsibilities of a Regimental Dental Officer, and I will, therefore, try to clear up some of these erroneous ideas, using my regiment as a typical example.

After holding a commission in the National Guard of South Carolina for several years, I am now serving as Regimental Dental Sur-

geon of the 263rd Coast Artillery, a South Carolina Regiment assigned to the defense of the Charleston harbor.

The dental service of this command consists of two dental officers and three enlisted men; the strength of the regiment, officers and men, is around eight hundred. We are provided with field equipment and dental supplies sufficient to accomplish a great variety of restorative service and the usual simple extractions, as it is not expected that the duties of the Regimental Dental Officers be limited to dental service alone. The equipment consists of one Medical Department chest, number 60, and

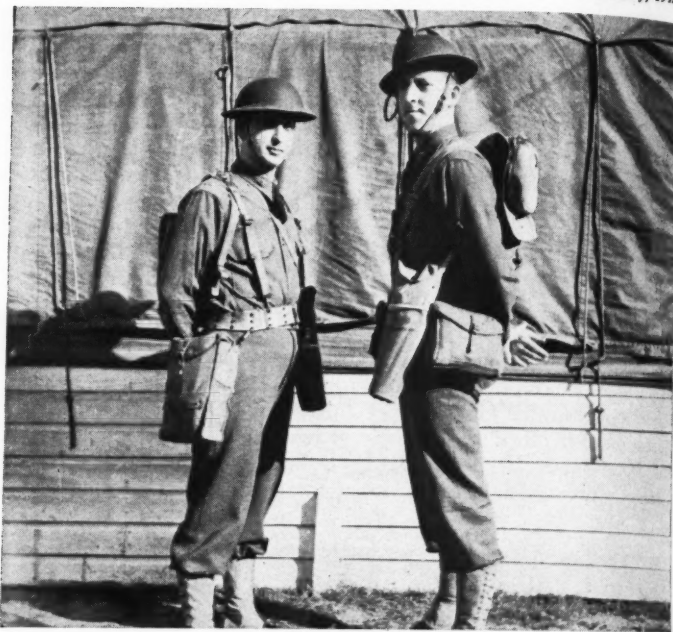
contains chair, engine, instruments, and supplies, as shown in the photograph of the regimental dental dispensary. The all-metal chair can be set up in a few seconds and the engine is the same cord type engine used in schools and some offices only a few years ago. The instruments are carefully selected and are made of the best quality material. Many of the latest instruments and supplies are furnished.

The dental officer, as a Medical Department Officer, is available for other duties essential for the proper operation of the Regimental Medical Detachment. He is required often to take administrative re-

sponsibilities or even perform a wide variety of professional services as an auxiliary medical officer. Under the supervision of a medical officer, the dental officer can often substitute for other medical officers. Occasionally the dental officer will be the only officer available to assume charge of a battalion aid station or the Medical Detachment. In camp there are boards, courts, and other special duties in connection with which the dental officer may be ordered to serve in some capacity. For instance, First Lieutenant William W. Molony, D.C., having had a number of years experience in baseball, football, and other sports, acts as Regimental



Officer's dental kit, showing contents.



First Lieutenant William W. Molony, assistant regimental dental surgeon (left) and Private Williams, dental assistant (right), in field equipment.

Athletic Officer, and I conduct a class in military history for the Medical Detachment.

In case of combat the idea of a dental officer devoting any time to routine dental service is absurd; the thought of a dental officer remaining in the rest area, far behind the line of battle, cannot be accepted in any honest opinion. The dental officer must share the dangers and hardships with his brother officers just as he enjoys all the advantages with them. In actual combat the dental officer, together with every available officer and en-

listed man of the Medical Detachment, must attend the wounded of Fort Sumter, Fort Moultrie, and the adjacent batteries of the command. He and his enlisted assistant, as shown in the second photograph, have the necessary equipment issued to all officers for their own protection, excepting firearms. He also takes his individual dental kit, which consists of instruments and supplies required for first aid treatment of gun-shot wounds of the face and jaws. This equipment, as illustrated in the accompanying photographs, consists

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of a small bag with shoulder sling, and the enlisted assistant carries two similar bags; the contents of which provide instruments and supplies necessary for extraction and other simple emergency treatments. They can be enlarged to carry a large number of first-aid packets, dressings, and other supplies needed for first-aid treatment of battle casualties.

Those who have assumed that an officer in the Dental Corps of the army does not go into battle with the troops to which he is attached will find that error corrected, if they will read the citation upon which the Distinguished Service Cross, given only "for extraordinary heroism in action," was

awarded to my intimate friend the late William Lee Davidson, D.D.S., of Chester, South Carolina.

Doctor Davidson, during the Argonne campaign, was a captain in the Dental Corps with the 114th Infantry of the Twenty-ninth Division, A.E.F. On October 12, north of Verdun, says the citation, Captain Davidson, "while attending wounded under fire, was himself wounded by several shell fragments. Regardless of his own wounds, he continued in his care of the wounded, refusing to be treated until his regiment was relieved from the line, when several pieces of shell were removed from his head and shoulders."

Fort Moultrie, South Carolina



Enlisted assistant's dental kit with contents.

This is YOUR Business

Conducted by Peter T. Swanish, Ph.D.

This is a new department to be conducted by a trained economist. Dentists are encouraged to address Peter T. Swanish, Ph.D., and ask for authoritative advice on their economic and business problems, similar to the way they have, for years, sought counsel from the Ask Oral Hygiene department.

THE DENTIST's old way of life may be swept away by inflation.

As a term, inflation found its way into common speech during the last World War but it was used earlier.

There are at least several definitions of inflation. In its most commonly - accepted sense, inflation connotes the idea of a rise in the general price level which follows from increased spending, while the quantity of goods available for sale does not change in volume.



War on a grand scale touches off inflationary forces that are hard to stop once they start. This is a lesson history teaches. A war in a machine age cannot be financed out of taxation. If it was paid for in this way, the increased spendings of government would be just about counter-balanced by the reduced consump-

tion of buyers. No upward change in prices would occur.

Again, if the government borrows to pay for a war, the result may or may not be inflationary.



For example, if everyone who lends, manages his own consumption so that his own expenditures are reduced by the same amount as the government's spending is increased, total expenditure would, obviously, be the same. A shift of purchasing power takes place, and that is all.

To hold inflationary forces in leash, we shall have to tighten our belts either because we want to or because the government compels us to give up some consumption. We may need both—patriotism and compulsion—to do the job.

Let us glance at inflation in terms of the dentist's bread and butter!

The cost of the materials and the services he employs in his practice will rise. The expense of maintenance of his family will increase. The buying power of his past savings, and especially if the income from such investment is fixed, as it usually is, say interest or an annuity, will decline.



What about the dentist's income? Will it increase at an equal pace with the rise in prices of the things and services required for dental practice? If experience in those countries that went through inflation after the last war is of any value, the answer is negative. The fees would not keep in step with the rise in prices.

Can the dentist go on giving the same kind of treatment at fees that buy less of the wherewithal of his professional life? The answer is a restricted "yes." He can only if he goes down into his own savings. This could not last for any length of time. Those who lived through inflation in Germany in the twenties have pointed out that one of the things that happen to dental practice as soon as the buying power of fees starts to lag behind the prices of required materials is the substitution of cheaper for dearer materials. As inflation takes on more and more speed, there follows further substitution for substitutes, and so on. Quality of treatment declines.

Mass dentistry, as in the U. S. S. R., where purchasing power is low,

is characterized by the use of substitute materials.

What should be done about inflation? First of all, everyone agrees that everything possible should be done to prevent inflation now and a disastrous deflation after the war. The all-important matter relates to the means.

Various proposals have been made. They all envisage over-all economic stability based on the highest possible level of employment. The latter is certainly the surest means of maintaining the economic health of the nation. Taxation, price control, supply and demand control, and credit control have been thrown into the hopper of remedies to arrest inflation.



We shall probably see compulsory savings enter the economic scene before long to hold inflation at bay. The idea is to reduce competition between civilian and war industries by drawing off increased purchasing power from the markets for consumer's goods and services, and providing extra purchasing power for workers when they will have no jobs.

Whatever the means, the all-important thing to the dentist, as to all of us, is the result. Inflationary forces cannot be harnessed by lip-service to their evils. Standards of living must be modified so long as we are at war.

6527 Glenwood Avenue
Chicago, Illinois

INCOME TAX AID FOR DENTISTS

by Samuel Hacker, C.P.A.

If this article helps you to reduce your income taxes, the author suggests that these savings be invested in United States Defense Bonds.

AS A RESULT OF the United States declaring a state of war against Germany, Italy and Japan, all taxpayers are more conscious than ever before of the duty they owe their Government to pay their income taxes promptly and to file their returns correctly.

It is unquestionably the desire of each one of us to do our utmost to help our country in this crisis. Prompt and accurate payment of taxes due is the least that is expected of us. Accordingly, this article has been prepared to assist dentists to file their Federal Income Tax returns correctly.

As we know, the tax bill for 1941 is considerably higher than it was for 1940. A tabulation is given below, which shows this condition as it affects a married man with no dependents:

| NET INCOME | 1941 | 1940 | |
|--------------------|----------|---------|----------|
| (After Deductions) | TAX | TAX | INCREASE |
| \$ 2,500 | \$90.00 | \$11.00 | \$79.00 |
| 3,000 | 138.00 | 30.80 | 107.20 |
| 4,000 | 249.00 | 70.40 | 178.60 |
| 5,000 | 375.00 | 110.00 | 265.00 |
| 8,000 | 873.00 | 316.80 | 556.20 |
| 10,000 | 1,305.00 | 528.00 | 777.00 |

Our Government expects each taxpayer to pay the amount due, but does not object to taxpayers becoming familiar enough with the law to take advantage of all deductions that are permitted. For that reason, this article has been written to assist dentists to become acquainted with the differences between this year's tax returns and last, and also, to point out the deductions now permitted as a result of new laws, new court decisions, and new regulations of the Internal Revenue Department. If this article helps you to reduce your income taxes, United States Defense Bonds would be the best investment for these savings.

Chief Differences Between 1941 and 1940 Taxes

1. New Tax Rates

Surtaxes—Last year, surtaxes were not levied on any surtax net income less than \$4,000. This year's surtax rates have been increased substantially and are now applied to all surtax net income. Surtax net income equals your net

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income (after deductions for contributions, taxes, interest, bad debts, and other items), less your personal exemption and credit for dependents. Surtax rates commence at 6 per cent and rise to a maximum of 77 per cent. Complete surtax tables undoubtedly will be included in the new tax forms, which have not yet been issued.

Normal Taxes—Normal taxes remain the same as last year; namely, 4 per cent of your net income. Net income equals your surtax net income, less your 10 per cent credit for earned income, and less deductible interest earned on Government obligations.

Defense Taxes—Last year's defense tax of 10 per cent has been eliminated, as it has been absorbed into the increased surtax rates.

2. Reduction in Exemptions

Married persons, living together, are this year entitled to a joint exemption of \$1,500, compared with \$2,000 last year. Single persons are each entitled to an exemption of \$750 this year, compared with \$800 last year.

This year, if you qualify for the \$1,500 exemption, as head of a family, then you cannot deduct an additional \$400 for the first such dependent, who gives you the status of head of the family. However, if you are the chief support of more than one such dependent, for whom you maintain a home and whom you are legally obliged to support, then you may deduct an additional \$400 for each dependent in excess of the first.

3. Credit for Dependents

The \$400 allowance for dependents remains the same as last year. To take advantage of this exemption, you must be the chief support of a person, not necessarily a relative, who is under 18 or incapable of self-support.

4. Forms to be Used

Form 1040A is an optional form, which can be used, if desired, only by those taxpayers whose gross income is \$3,000 or less, and which consists wholly of salary, wages, compensation for personal services, dividends, interest, rents, annuities, or royalties. This year all taxpayers, whose gross income is in excess of \$3,000, or whose income is derived from any other sources than those mentioned above, must use form 1040. All practicing dentists, therefore, must use form 1040.

Form 1040A has been prepared by the Treasury Department as an automatic form to be used by taxpayers who want to avoid the calculations necessary to arrive at their income tax, in accordance with the requirements of form 1040. In setting up their tables of tax calculations, the Treasury Department has used deductions not to exceed 10 per cent of the gross income. Therefore, taxpayers that have the right to use either form (such as your assistants and nurses) should first compute their income tax on form 1040, thus making their own deductions for interest, taxes, bad debts, and so on, and should then compare the tax computation with the automatic

tables governing form 1040A. By so doing, the taxpayer can decide which form would result in a lower tax. You make the election by filing your return, and you cannot later request permission to change the form.

When deciding whether to use form 1040 or 1040A, the matter of exemptions is important. If you are using form 1040A, your exemptions are determined by your status on December 31, 1941. If you were married at any time during 1941, or became the head of a family, or acquired any other exemption, then you take the full amount of such exemption when using form 1040A. On the other hand, if you are using form 1040, and you were married during 1941, or acquired any other exemption during 1941, then you must allocate your exemptions, in accordance with the number of months involved. For example, if you and your wife acquired a new son on October 10, 1941, and are filing a joint return on form 1040A, your credit for dependents would be \$400. If you are using form 1040, then your credit for dependents would be $3/12$ of \$400, or \$100. (Fractions of a month are disregarded, unless more than half a month, in which event, count a full month.)

5. Joint or Separate Returns

If your wife has separate income, you have the same option as last year, insofar as electing whether to file separate or joint returns.

In general, because of the considerable increase in the surtax

rates, where your wife has a separate income of any consequence, separate returns will probably result in lower taxes unless her deductions are considerable. However, it is advisable to compute your tax liability on separate returns and then on a joint return so that you may determine which method will result in lower taxes.

Court decisions during the year have clarified the status of joint returns. A joint return is now treated as a taxable unit, the same as an individual return. Charitable contributions may not exceed 15 per cent of the joint net income, before deductions for such contributions. The earned income exemption may not exceed 10 per cent of the joint net income, and in no event may it exceed \$1,400 on any return. Capital losses of one spouse may offset capital gains of the other.

If you and your wife are both using form 1040 and are filing separate returns, then you may divide the \$1,500 exemption, between you in any way you wish. If, however, you and your wife are filing separate returns and either one or both are using form 1040A, then you must divide the \$1,500 exemption between you, equally.

6. Interest on Government Obligations

Interest received on all obligations of the United States and its agencies, which were issued on and after March 1, 1941, is now fully taxable. Last year, such interest was exempt from the normal

tax and in some cases from surtaxes also.

Preparation of Tax Return

The new forms for 1941 will probably be similar to those issued last year, with the exceptions noted above.

Income: In filling in your items of income on the return, you may be guided by the method that you used last year. When you enter the net income from your practice the supporting information will be listed in Schedule D, which will be discussed later.

Interest received on bank deposits, corporation bonds, and dividends from stock will be entered the same as you did last year. If you own property from which you receive rents, you will enter the net return on page 1 and you will show the details in Schedule C.

No change has been made this year affecting short-term or long-term gains or losses, except that such gains or losses of one spouse may now be applied to gains or losses of the other spouse, if a joint return is used.

A slight change has been made this year where income is concerned on United States Savings Bonds or United States Defense Bonds, which were bought at a discount. If you wish, you may elect this year to report the increase in value since the date of purchase, or else you may wait to report such income until the bonds have been cashed in by you. Once you establish your method of reporting such income, you cannot change it, unless you secure permission.

DEDUCTIONS: Below are listed all deductions now permissible, which are found on page 1 of your income tax return:

Contributions: Your deduction for contributions must not exceed 15 per cent of your net income before such deduction. Deduct only those contributions actually paid during 1941, and be sure to retain cancelled vouchers and receipts, as they undoubtedly will be required when your return is audited.

Interest: In general, all interest is deductible, no matter whether it was paid for personal or business reasons. This includes interest paid on a mortgage on your home, interest paid on your life insurance loans, and financing charges paid in connection with the purchase of your car, radio, X-ray equipment, and office equipment. However, these financing charges must be separately shown in the contracts.

Taxes: With the exception of Federal income taxes, gift, estate and legacy taxes, you can generally deduct all taxes, which were paid by you, such as city and state income taxes, real estate taxes, (excluding assessments for local benefits) sales taxes, city and state gasoline taxes, taxes on: telephone and electric consumption, railroad tickets, safe deposit boxes, club dues, and similar items. Taxes which are levied on the manufacturer cannot be deducted by you, such as Federal Excise tax on automobiles, tires and tubes, oil heaters, and electric signs. Other taxes, such as Social Security taxes, and license fees, should be included as deductions in schedule D, as described

later on the following pages.

Losses: If you suffered any losses not due to your negligence, and resulting from casualty (includes damage caused by flood, trees destroyed by ice and sleet, damage to car), fire, storm, or theft, either on your real, personal or business property, you may deduct the net loss remaining after taking into consideration the recovery from the insurance company, or from the person who damaged your property. When computing your loss, you must establish the actual value of your property at the time your loss occurred.

Bad Debts: Since virtually all dentists report their income from their practice on a cash basis, instead of on a billing-to-patient basis, you will probably have no bad debts to include here, unless you were unfortunate enough to make personal or business loans, which became uncollectible. In this connection, bear in mind that you may deduct the bad debt for a particular year, only if it has been ascertained to be worthless or partly worthless during that particular year. Generally, you may not deduct as a bad debt, a loan made to a member of your immediate family, as such worthless loans are usually treated as gifts by the Internal Revenue Department.

OTHER DEDUCTIONS: In former years, you were permitted to deduct the rental of a safe deposit vault in which you deposited income-producing stocks and bonds. You were also permitted to deduct other expenses incidental to the

production of revenue from stocks and bonds, such as legal and accounting charges. Under a new court decision, no such deductions are permissible because they are not ordinary and necessary expenses incurred in carrying on a trade or business.

A deduction permitted here is for abandonment of assets which have become worthless, and which were used in your profession, or were acquired in anticipation of a profit. *If you conducted experiments and later decided the experiments were unsuccessful, you may deduct the cost of them.*

Computation Of Tax

After you establish your net income on page 1 of the tax return, you will deduct your personal exemption and credit for dependents in accordance with the information described in the first section of this article. The result will be your surtax net income, on which the surtax rates apply. Then, in computing the amount that is subject to normal tax you are entitled to two more deductions:

1. Earned Income Credit—Your earned income is your net income received from your practice, after deducting all expenses of operation, and as shown by the net result reflected on Schedule D. Ten per cent of such net income is allowed as a deduction before computing your normal tax. If your net income from all sources is not more than \$3,000, it is all considered net income. The maximum allowable for earned income credit is \$1,400, and in no case can your earned in-

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come credit exceed 10 per cent of your final net income, which you obtained by subtracting all deductions from your income.

II. Interest on Government Obligations—Interest received from the following three classes of Government bonds and notes is exempt from normal tax, and in some cases, from surtaxes:

1. Obligations of the United States or its possessions (except those issued after March 1, 1941).

2. Obligations of an instrumentality of the United States.

3. Obligations of a state, territory, or any political sub-division thereof, or the District of Columbia.

Certain interest received on United States obligations is also exempt from surtaxes. Such interest is clearly shown in Schedule B—Interest on Government Obligations. However, when entering in this schedule the interest you received on United States Savings Bonds and United States Treasury Bonds, bear in mind that the first \$5,000 of principal is exempt. Select the bonds earning the highest interest rate, which cost you \$5,000.

SCHEDULE D — Profit from Your Practice—Under your receipts, you will enter the total amount collected from your patients, as you probably have been filing your income tax returns on a cash receipts basis, rather than an accrual basis (which means billings-to-patients, instead of actual collections).

Cost of Goods Sold—Ordinarily, it is unnecessary for you to use

this portion of Schedule D, unless your inventory of gold, silver, as dentures, as of December 31, 1941 is considerably different from your inventory of January 1, 1941. In other words, if you have been stocking up on such supplies with the result that, if your inventory is not considered, then your calculations will not indicate your true income from your practice, then it will be necessary for you to enter your inventory at the beginning of the year as well as the labor cost, materials and supplies, and then to deduct the inventory at the end of the year, which will result in the actual cost of the materials and supplies you used during the year. However, if your inventory at the end of the year is not materially different than it was at the beginning of the year, it will be unnecessary for you to use this portion of the return. Instead, you may show all your deductions at the right hand side headed "Other Business Deductions."

Salaries:

Include salaries of assistants, nurses, chauffeur, domestics and all other salaries incidental to the operation of your profession. If your chauffeur or domestic gave only part of their services to your office, then you must allocate the proper portion.

Interest:

Include all interest paid on your business obligations. Do not duplicate any interest items entered on page 1 of the Income Tax return, as described in the foregoing.

Taxes:

Include here the taxes resulting from the operation of your practice, such as Social Security taxes (employer's share only), Federal and state unemployment taxes, license fees, occupancy tax, and such items. Do not duplicate any taxes included as a deduction on page 1 of your tax return, as described in the foregoing.

Losses:

This includes damages to your car or equipment, which were not compensated for by insurance. Do not duplicate any of the items included on page 1 of the Income Tax return as described here.

Bad Debts:

Since you are probably reporting your income on a cash basis, you will not be permitted to deduct any bad debts resulting from non-collection of fees. Do not duplicate any of the items included on page 1 of your Income Tax return, as described in this article.

Depreciation:

You should maintain a register showing the cost of all equipment which has a life of more than one year, such as office furniture and fixtures, and X-ray equipment. The usual deduction for depreciation for such items is 10 per cent per annum. Incidentally, purchase of minor equipment may be deducted 100 per cent under supplies, as described here.

Rent, Repairs and Other Expenses:

Include all ordinary and necessary expenses in connection with the carrying on of your profession as follows:

Automobile Expense:

Garage, gas and oil, repairs, tolls, insurance, depreciation, and chauffeur's uniform. If your automobile is used partly for your practice, you must allocate the proper portion.

Books and Publications:

Dental publications and other books necessary to keep up with your profession; magazines used as reading material in your office. If you spend considerable sums for books relating to your profession, you will have to consider them as capital assets, which are to be depreciated annually.

Dues and Subscriptions:

Dental society dues, business organization dues, where your practice is benefited by the associations, and similar items.

Entertainment:

Dinners, theater tickets, lunches, and other entertainment costs, where the expenses were incurred to benefit your practice. Christmas and other gifts for similar reasons.

Instruments and Supplies:

Include files, trimmers, and minor instruments, which ordinarily would not be included in your capital assets, subject to de-

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preciation; also include absorbent cotton, iodine, and anesthetics.

Insurance:

Compensation insurance, fire insurance, and bonding cost. If a portion of this insurance covers assets or employees, engaged part time, in your personal affairs, then you must allocate properly.

Legal and Professional:

Lawyers' and accountants' fees in connection with your practice; also includes cost of collection, and cost of suits against you in connection with your practice.

Moving Expenses:

Moving your office to a new location.

Office Supplies, Stationery and Postage:

Office supplies, stationery and postage purchased and paid for in connection with your practice.

Repairs:

Repairs to equipment, painting and decorating your office.

Rent, Heat, Light, Water:

Deduct the above expenses. Allocate, if your office occupies a portion of your residence. If you own your own home, compute the total annual-carrying charges, excluding real estate taxes and interest on mortgages, which are deductible 100 per cent, as described in the foregoing, but including depreciation, janitor, repairs, coal, and water. These annual carrying charges constitute your rent cost if your building is used 100 per cent for your practice. If your residence is located there, too, allocate the proper portion.

Telephone and Telegrams:

In connection with your practice.

Traveling Expenses:

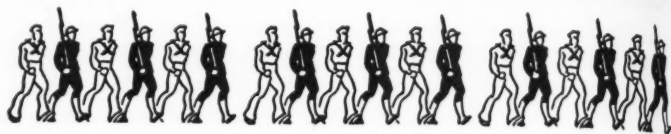
All traveling and hotel charges in connection with attending conventions, visits to patients out-of-town and any other traveling done incidental to the conduct of your practice.

132 West 43rd Street
New York, New York

FOR DEFENSE



BUY
UNITED
STATES
SAVINGS
BONDS
AND STAMPS



Military and Defense News

Emergency Medical Service:

For civilian defense in the present crisis the following rules governing the giving of medical service have been issued by the Chief Medical Officer, George Baehr, M.D.¹:

All emergency medical field units, whether organized primarily within or outside of hospitals, should be related to hospitals wherever possible. Their constituent subdivisions, the emergency medical squads, should alternate on periods of duty so as to be available to respond promptly day or night to the call of the district control center. During "waiting" periods, hospital or field drills should be held weekly.

The movement of medical field units will be controlled from the district control center, which will receive air raid warnings from the military establishments in the area. On the sounding of the alert, they will prepare for action but will not move until ordered by the district commander. A main control center will coordinate the activities of all district control centers of a large city or area. Smaller cities operate through a district control center; larger cities are subdivided into a number of districts, each under a district commander in control of the movement and activities of all civilian defense forces within his district. If the medical facilities of the district should prove inadequate to han-

dle the load of the casualty stations and first-aid posts or if the hospitals in or assigned to the districts are filled to capacity, assistance can be obtained by appeal to the main control center.

To coordinate these medical activities, the chief of emergency medical service is to be represented on the staff of the main and district control centers. Each control center will require the services of three medical adjutants, so that one will always be on duty. For these assignments the local chief of emergency medical service should provide and instruct an adequate number of medical adjutants.

The medical adjutant in the District Control Center will keep informed of:

1. The location and number of emergency medical squads available in or assigned to the district.
2. The location of sites in the district designated by the chief of emergency medical service as casualty stations.
3. The location and number of hospital beds in or assigned to the district, which are available to receive casualties.
4. The location and number of ambulances and other vehicles assigned to the emergency medical service of the district under a transport officer.
5. The maximum number of casualties, which the staff of each hospital in or assigned to his district is capable of handling daily. During an incident he should be constantly advised of the number of casualties admitted to each hos-

¹Medical Preparedness, J.A.M.A. 117:2175 (December 20) 1941.

hospital so as to be able to divert casualties to the less crowded institutions and avoid overloading.

The medical adjutant in the main control center will keep informed through the district control centers of the daily census of hospital beds available in all districts of the area and of the status of all emergency medical field units and of all ambulances and other vehicles available in the various districts. He must decide which unit or which hospital in another district will be called into service when the facilities of a given district are overloaded.

Constant vigilance in the exercise of these responsibilities is necessary if the Emergency Medical Service is to function rapidly and effectively in times of need.



Disease Increases in Reich: In support of Curt Daniel's article² on the impairment of German health under Hitlerism published in July ORAL HYGIENE, new evidence comes from the German press. According to the *Neue Zürcher Zeitung*, Doctor Leonardo Conti, Reich Minister of Health, reports that the German people are suffering from a "sharp increase" in tuberculosis and a noticeable gain in dental difficulties as a result of war conditions.

²Daniel, Curt: Eight Years of Hitlerism Impairs German Health, ORAL HYGIENE 31:877 (July) 1941.

Doctor Conti ascribed the tuberculosis increase principally to insufficient fats and fresh fruits and vegetables in the Nazi diet. As other factors he cited the wartime nervous strain, the longer hours of labor, the housing shortage as a result of the absence of new building, and the decreased number of physicians available for civil practice, making early diagnosis difficult. He pointed out that the causes of teeth problems are not precisely known but that he was inclined to attribute them also to diet and nerves.

The health minister, who is at the same time party health leader and head of the Reich Medical Association, expressed special concern over the huge increase in smoking and feared that lasting damage was being done to young men and women. Army consumption of cigarettes has increased enormously and 17-year-old boys and girls are also smoking in labor camps, armament factories and offices, he reported.

For the rest, Doctor Conti added that the Reich so far has experienced no epidemics and the civil death rate, excluding war casualties, has returned to pre-war levels after a slight increase during the difficult first winter of war. He hoped that the planned production of fruit and vegetables in the new eastern territories would improve the situation.

Referring to war wounds, Doctor Conti said that mechanized armies produced a greater number of bone fractures, burns and facial injuries than had been the case in previous wars.

"We are now in this war. We are all in it—all the way. Every single man, woman and child is a partner in the most tremendous undertaking of our American history. We must share together the bad news and the good news, the defeats and the victories—the changing fortunes of war."

—President Roosevelt



DENTISTS IN THE NEWS

Newark (New Jersey) Evening News: The big rush in marine construction isn't limited to the nation's shipyards. At the Nereid Boat Club, Belleville, a one-man gang, who doesn't know the meaning of the word "strike," has turned out one of the most fragile craft, working in his spare moments. He's Doctor Brainerd Foster Swain of this city and the result of his painstaking labor is a 43-foot, four-oared racing shell, a needle-shaped, paper-thin contraption that is most difficult to build. The "skin" is of



Spanish cedar imported from Cuba, a material that is, if properly handled, almost as pliable as a garden hose. Unlike routine shipyard tactics, the shell of this boat was built upside down, and because of limited space it was necessary to run the "form" through a window set between two rooms of the upper story of the Boat Club. Doctor Foster completed the boat in 375 hours at a cost of approximately \$200.

Springfield (Ohio) News-Sun: On his way to Chicago from New York, in

the year 1879, to practice dentistry, Doctor Henry R. Dosch stopped off to visit a friend in Springfield, Ohio, and stayed sixty-two years. All this time he has been practicing dentistry, fifty-eight years of it in the same building. Still in active practice at 83, Doctor Dosch has been named the dean of the Mad River Dental Society for his extended and consecutive service to the dental profession. The only piece of his early dental equipment that he still retains in his office is a foot-operated drill. All the rest has been donated to the dental museum at Brainbridge, Ohio, which was established on the site of the first dental college in Ohio. Eventually Doctor Dosch expects to send the foot drill there too.

Oklahoma City (Oklahoma) Oklahoman: Damage estimated at \$1,500 was caused to the dental office of Doctor Ralph R. Ray, at 443½ Northwest Twenty-Third Street, by a fire resulting from an explosion of cleaning fluid fumes. The accident occurred when a porter was cleaning the dentist's instruments near a small gas stove. The resulting explosion scattered flaming fluid over the office.

Cincinnati (Ohio) Post: The Cincinnati Observatory club and the Amateur

Telescope Maker's club gave a dinner recently to honor Frank Kessler, a dentist at 3779 Middleton avenue, and founder of the A.T.M. club. For more than ten years Doctor Kessler has been making and teaching others to make reflecting telescopes. Fifteen years ago there were only a few men in Cincinnati familiar with the rudiments of making these telescopes. Now, through the assistance of Doctor Kessler, there are more than a hundred such instruments in this territory made by members of the A.T.M. and Observatory clubs. If it becomes necessary during the present crisis, the Bureau of Standards in Washington has indicated that it will ask members of the A.T.M. club to make prisms and other optical parts required for national defense.

Chicago (Illinois) Sun: One of the outstanding exhibitors at the International Poultry Exposition in Chicago was J. P. Schneberger, a dentist of Ossian, Iowa, who has made a hobby of the crossbreeding of fowls. In his exhibit, which attracted particular attention even among 3000 others, he showed specimens of fowls that have resulted

from crossbreeding; such as the peacock-guinea, silver-pheasant-chicken, and the off-spring of an owl and a pigeon.

Long Island (New York) Star-Journal: Isadore Bloom, a dentist, representing the Walkers' Club, won the annual 10-mile Long Island City Athletics' walk through the streets of Astoria and environs, after failing for eight successive years in the attempt. The 47-year-old dentist won by a margin of a half mile over the closest of the other thirty-three



contestants, four of whom dropped out along the way. Starting off to the strains of the Star-Spangled Banner, the event was a triumphal procession all the way for Doctor Bloom, with loud speakers announcing that he never relinquished the lead throughout the ten miles. Since 1926 Doctor Bloom has been participating in walking marathons and has won more than thirty trophies.

Awards for stories published in the DENTISTS IN THE NEWS this month go to: JAMES A. HARTMAN, D.D.S., Union Central Life Building, Cincinnati. FOSCOLO J. CAPRIO, D.D.S., 75 Roseville Avenue, Newark, New Jersey. DAVID BLOOM, D.D.S., 245 West 104th Street, New York.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WHAT CAN WE DO?

WE ARE PRESENTLY all heavily weighed under a common plight. We want to serve the nation in the war effort but aren't exactly sure what to do or how we may function best. The younger dentists, as they are needed, will be called to active military service. At present, no commissions are being given in the Army Dental Corps. For the time being the number of dental reserve officers and those dentists being inducted under Selective Service are adequate. But what of the rest of us? We want to serve, but how?

What can we do in civilian defense? It would seem that we would serve best in a capacity tolerant to our training and experience. Dentists would function better as auxiliary medical personnel than as air raid wardens or firemen. If the severe need arises, which calls for actual mobilization in civilian defense, there will be no great amount of routine dental practice to occupy a dentist's time. In the face of the catastrophe of falling bombs and incendiary fires dentists would not be needed in large numbers to care for the emergency dental needs of the population. The public need would be for the treatment of severe traumatic injuries, burns, shock and, God forbid, cases of gas poisoning. No community in the event of heavy bombing would have enough physicians, surgeons, and nurses to handle the demands. Here is where dentists can be of inestimable aid, provided they are properly trained in first aid and rescue work as auxiliary medical personnel. Dentists have had training and experience in the administration of general and local anesthetics; dentists are familiar with the treatment of hemorrhage and shock. Dentists recognize the principles of fracture treatment, of surgery, and asepsis. It is not a broad transition from dental practice to general first aid treatment for one who is prepared in the groundwork of anatomy, surgery, and therapeutics. I am not proposing that dentists, by the taking of a refresher or short course, become physicians or surgeons; but dentists can be prepared to become auxiliary medical personnel and important aids working in teams with physicians and nurses.

No one, and certainly not I, would suggest that dentists become assistants in the sense of a status inferior to physicians. I am suggesting that we all have a task to do. We should know what it is, be trained for its doing, assigned to the job when the need arises—and do it well. In the emergency for which we are preparing, no one is going to stand on dignity or priority

or seniority, or be too sensitive to social amenities. We are all going to work together; we have been since the Day of Treachery, December 7, 1941.

This proposal to train dentists in auxiliary medical service either by the Red Cross or by the Office of Civilian Defense is not a spectacular suggestion. It is something that the Army Medical Department has been doing for years. The dental officer during combat functions as an auxiliary medical officer. The maxillo-facial teams in the Army are composed of physicians and dentists. Frequently dental officers are required to assume medical administrative tasks. In civilian defense, we can visualize the dentist in medical administrative rôles, such as acting as a medical supply supervisor, or as a traffic control operator directing the movement of rescue squads and ambulances, or as an emergency hospital supervisor. In any case in civilian defense, the dentist can function best in the general field of his interest and training, in the care of the suffering and the injured.

The present is moreover the time once again to call the attention of the dental profession to the suggestion of keeping accurate dental records for the sake of identification. Casualties of modern warfare fall among civilians as well as among combatants. These casualties are often accompanied by destruction of identifiable soft tissues. Let's take that Day of Treachery at Pearl Harbor: the official government photographs show the burning of the *Arizona* and the horrible fires among the barracks. According to a senior naval medical officer more than 60 per cent of the casualties were from burns. With the excellent dental records of the Army and Navy, we can be certain that all the 3000 American dead were identified. But what of such deaths among civilians? Do we not owe the civilian population the assurance that we are doing our part to have accurate dental records available should the need come? The alert and farsighted Major Disaster and Civilian Defense Councils, working with the Los Angeles County Dental Society, are now preparing dental emergency kits and making plans to have available dental charts for possible use in identifying victims of enemy action.

In planning for civilian defense, millions of dollars will be spent on projects that will never be needed. After the war is won we will look back, perhaps, at some of our efforts as the creations of hysteria. But now we must be sure of one thing, that we are fighting "moral tigers" who know no rules and are capable, as they have proved, of every perfidy. We can't prepare too much or too soon. Whatever the cost, it is a trifle.

Edward J. Ryan

"MANILA WAS MY HOME"

*A Dentist from the Philippines
is interviewed by Jay Voorhies*

WHEN THE Japanese bombed defenseless Manila savagely and then took control of the city shortly after the New Year, it was a personal as well as a national tragedy to a man in New York.

He was Doctor Gabriel K. Jureidini, who for the last twenty-five years has dedicated his private practice to the advancement of oral health among the Filipinos. When I saw him in New York soon after the Jap blitz had hit the Philippines, Doctor Jureidini was a frustrated, yet determined and belligerently-confident man.

Frustrated, because he saw the enforced cessation, temporarily at least, of the oral health crusade to which he had devoted his life.

Determined, despite all obstacles, to get back to his beloved Filipinos, to serve as a dental officer in the merged Filipino and United States Forces.

Belligerently confident, because—

"There can be only one possible outcome of this conflict between Japan and the United States in the Philippines—the routing of the Japanese from those Islands and their destruction as a world power. How long this will take depends on how long it takes the United States to get reinforcements to the Islands

and to make good for its laxness, during the forty years that the Philippines have been a part of the United States, in handling the Japanese infiltration, the eternal presence of Japanese 'fishing fleets,' and in providing proper defenses for these strategic islands.

"From President Quezon down to the humblest native, the Filipinos are loyal. Don't be misled by their efforts to obtain independence. That alone proves what good students of the American Way they have been.

"Already from the turmoil of the war there has emerged a Filipino hero. A private in the Filipino Army, now merged with the U. S. Army, named Castillo, was on duty in Davao when the 20,000 Japanese there showed signs of rising to support the invaders. Castillo wasted no time on formalities. Without orders and acting solely on his own initiative he provided arms for the Filipinos, rounded up the entire Japanese population and, when he got them safely penned up, advised his superiors what he had done.

"And just today comes news of the heroic battle of five Filipino fliers against a dozen Japanese planes in which the Filipinos took their toll of the invaders before they drove them off.

ilippines
Voorhies

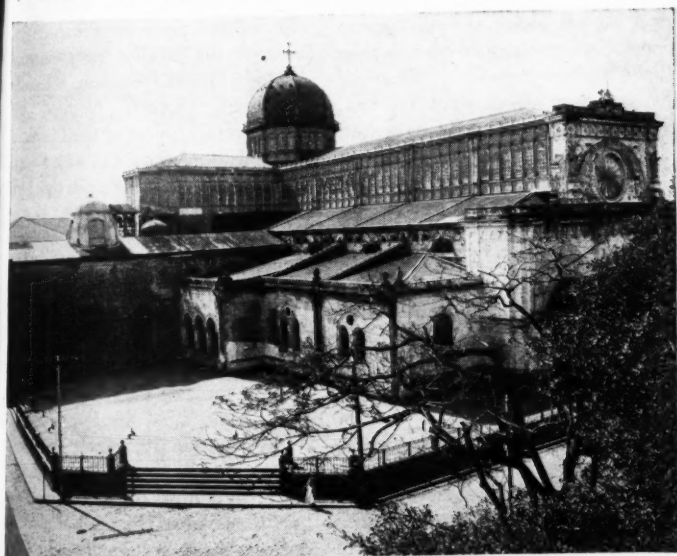
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Top photo shows the Philippine Legislature Building at Manila; bottom shows one of the very ancient churches in Manila.



"Like you here in the continental United States, we have our subversive elements," Doctor Jureidini continued. "One is the Japanese in the Philippines. They are a great source of danger. You in the United States recognized the danger. But that same spirit which allowed you to be caught unprepared for a sudden, sneaking attack prevented you from guarding yourselves with strenuous measures against this 'peaceful' invasion which has been going on for many years.

"And those Japanese fishing fleets. We knew and you knew that they were after more than fish. Every inch of the water around the Philippines has been sounded by these 'fishermen.' Look at the assurance with which they brought in their transports at Aparri. I know the place well. Those are dangerous waters, but not to the Japanese. And so all along the Philippine coast. Swarms of fishermen where the Filipinos wouldn't bother to fish because there were no fish. What a shame! But you have had the same experience with these 'fishermen' on your West Coast, in the salmon fishing waters off Alaska. Your fishermen have warned you, but you would not heed. You will be fortunate if you do not pay for this neglect. We Americans are too trusting.

"In the Philippines we, too, have our Fifth Columnists. They are known as the Sakdalistas. They're not what you call 'Reds'; they're just malcontents who are pro-Japanese. Their leader just recently came back to the Philippines after some five years in Japan. President

Quezon recognized the occasion by promptly arresting him. When I left the Philippines this man was still in prison.

"So far as the rank and file of Fifth Columnists in the Islands are concerned, don't worry much about them. The Filipinos will take care of them in good old Filipino fashion."

Desire Independence

Asked whether he thought the Filipinos would, after the end of the hostilities, renew their efforts to obtain independent status, Doctor Jureidini said:

"That is a question only time can answer. Personally, I believe they will. I also believe they will by that time have proved their right to independence by their loyalty and bravery in this war. When during the last Loyalty Day celebration and again on the Anniversary of the Philippine Commonwealth on November fifteenth, President Quezon pledged the loyalty and support of the Filipinos to the United States in every way, few thought that he and the Filipinos would be called upon to fulfill that pledge so soon. They have come through splendidly and I fear we would be receiving far different news from the Philippines now, if the some 50,000 United States troops there were not receiving the full and loyal support of 120,000 men in the Filipino Army and the 10,000 in the Constabulary.

"Throughout the Islands English is spoken. Through the wonderful school system the children

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Doctor Jureidini, now an American citizen, was born in Syria. While still a child, his parents fled with him and his brother to Egypt to escape the intolerable Turkish rule. From Egypt his father sent him to the United States to enter the University of Maryland for the study of dentistry. Upon being graduated he returned to Egypt and practiced dentistry in Egypt and the Sudan until 1914. He then went to France and, when the first World War started, came to the United States.

In 1915 Doctor Jureidini went to the Philippines to open a dental clinic. He was appointed by the Bureau of Health as oral hygiene inspector and lecturer in the schools and sent to establish a free dental clinic at the Southern Island Hospital in Cebu. After a year at Cebu he made a short visit to the United States and then returned to the Philippines to establish a practice and clinic in Manila where the late Doctor Arlington Pond, Director of Health for the Southern District of the Philippines, appointed him to the dental service.

Doctor Jureidini's ambition now is to raise dentistry and dental service in the Philippines to the level prevailing in the United States. An important part of this program calls for the merging of the five dental schools in Manila into one large, finely equipped dental college comparable to those at the large American universities.

"To do this," Doctor Jureidini said, "we shall need the support of the dental profession in the United States and the financial aid of the United States Government. I feel sure that by the time we can again devote all our efforts to health and welfare work in the Philippines, the Filipinos will have earned this consideration by their heroic defense of their islands and the American Way of life."

Dentistry in the Philippines has come a long way since the days of the Spanish occupation, when all dentists, except for the few who attended one small dental school, learned dentistry by apprenticeship.

Thirteen years after the American occupation in 1900, a group of pioneer Filipino dentists established the Philippine Dental College, from which stemmed modern dental progress in these islands. In 1915, the University of the Philippines instituted and organized the Dental Department and, thereafter, four more Dental Colleges were established to teach the four-year course, which is now the requirement in the Philippines.

The National Dental Association of the country has 850 members out of 1,700 in active practice, although there are approximately 3,000 registered dentists in the Philippines. Through the efforts of this Association the government has consented to include the services of dentists in the national health program that is sponsored by the Department of Health and Welfare, which was created only about a year ago. Now this all must wait.

are reared in the American Way of life and thought. The products of these schools are now coming into power in the Philippines and the desire for independence is a direct result of the education they have had. It proves they have learned

well. But whether as an independent people or continuing in their present status, the Filipinos will always be pro-United States."

Doctor Jureidini came to the United States as a delegate of the National Philippine Dental Asso-

ciation to the American Dental Association Convention in Houston. Following the Houston Meeting Doctor Jureidini had planned to make a survey of dental education in the United States including a survey of dental health service in the public schools and the operation of free clinics. He also intended to seek the cooperation of the American Dental Association in formulating a National Health Program, which could be presented through the National Philippine Dental Association, to the Department of Health and Public Welfare, created a year ago by President Quezon and now represented in his cabinet.

An essential part of this plan was to organize in the Department of Health and Public Welfare a Dental Health Bureau, which would be administered by a dentist, also to obtain the appointment of a dentist in each government clinic. In short, the dentists in the Philippines are now trying to solve the same problem which handicapped dental health service in the United States up to a few years ago; namely, to obtain self-autonomy for dentistry in health work and put

dentists on a professional and administrative par with the medical profession.

Once this has been done, Doctor Jureidini believes, the great health need in the Philippines will be met—the creation of more free dental clinics supported by the government.

Despite the progress which dentistry has made in the Philippine Islands, Doctor Jureidini pointed out that most of the dental services, which in the United States are handled in free clinics, must be treated free. The same condition prevails generally throughout the Philippines. This simply means that no matter how eager and willing to serve a dentist may be, the amount of good he can do is necessarily limited to his personal resources.

This is a burden the dentists of the Philippines willingly assume. But they know that the maximum good cannot be done until there is in the Islands a well-organized system of Government dental clinics, in charge of dentists and administered by a Dental Health Bureau directed by a dentist.

220 West 42nd Street
New York City

Dental Meeting Dates

Chicago Dental Society, Midwinter Meeting, Palmer House, Chicago, February 23-26.

Minnesota State Dental Association Meeting, Municipal Auditorium, St. Paul, March 3-5.

Pan American Congress, American Association of Orthodontists, Roosevelt Hotel, New Orleans, March 16-19.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Orthodontia Needed

Q.—Under separate cover, I am sending you an anterior plaster study model. I should appreciate your advice regarding possible restorations.

The patient is a boy about 18. Three or four years ago both upper centrals were broken in an accident. His mother says the pulp was exposed in the upper right central and their family dentist sept the boy to an exodontist for extraction, at the same time advising her to wait until the boy was several years older before doing any reconstruction.

The boy presented himself to me recently and asked to have the remaining central extracted and two teeth replaced with a bridge. This I refused to do until I had made further study of the case. The young man's bite is exactly as shown in the model and all the upper anterior teeth are vital. The laterals are in good shape; the central is broken as shown.

I do not know what would be best for the patient. The space for the centrals would be too small, even after extracting the remaining central, to replace two normal size teeth. Would it be advisable to extract all three of the remaining incisors and construct a bridge from cuspid to cuspid? Would it be possible to make a porcelain jacket for the remaining central, build it over to contact the right lateral, and divide it so as to simulate two teeth?—D. H. H., Texas.

A.—Your 18-year-old patient with the missing central should have orthodontia to expand his arch and make room for the missing central. Nothing short of this could possibly be satisfactory to either you or him, I feel sure.—V. C. SMEDLEY.

Diet For Children

Q.—During the last few years I have been caring for a group of 140 children in a church orphanage. It will be possible for me to control largely the amount of sugar purchased by the institution, and I am wondering if you can tell me what will be the number pounds per year, per child (between the ages of eight and eighteen) that would be the most conducive to oral hygiene.—H. T. C., Florida.

A.—You have a wonderful opportunity to be of great benefit to these children if you can have control.

In my opinion they should be given no refined white sugar, or flour either, for that matter, because the vital mineral and vitamin constituents of plants and grain are eliminated in producing these highly-refined products. For this reason they should not be eaten by any children, or adults either, for that matter.

I would suggest that you get in touch with Doctor Weston A. Price, 8926 Euclid Avenue, Cleveland, Ohio, for more specific advice on this subject.—V. C. SMEDLEY.

Osteofibrosis

Q.—I should be grateful for your opinion on the enclosed roentgenograms.

The one with the involved areas approximately equal in size was taken in November, 1940; the one with the larger involvement was taken a year later.



The patient is white, a boy, 18. Both teeth are vital and normal in color, but are rather overcrowded in the arch. Occlusion with the upper teeth is normal.

The patient gives a history of a fall when a child—perhaps at 10 years of age.—B. F., New York.

A.—While the roentgenograms enclosed with your letter show a

condition which is not altogether that of "periapical osteofibrosis with formation of cementoma,"¹ I believe that is what you have. Doctor Stafne shows one case in the article to which I am referring you, in which the radiolucent area increased much more than in your case, without evidence of the formation of cementoma. None of my cases has gone very long without the formation of cementoma.

If my interpretation is correct you may feel quite comfortable about the future of these teeth. There will be no metastasis from them and they may eventually have normal-appearing bone around the root ends.—GEORGE R. WARNER.

Patients With Colds

Q.—There are many patients with colds at present and I also have one. Is it good practice to refuse to give service to patients with colds?—L. B., Illinois.

A.—You are certainly justified in refusing to treat patients who are sneezing or have running colds, and dentists in this condition should not work over patients. Some dentists wear gauze flu masks when colds are about, for the protection both of their patients and themselves; but it is no doubt best for both dentist and patients to stay at home when they have fresh or active colds.—V. C. SMEDLEY.

Thumb Sucking

Q.—We have a boy of ten who is a pronounced "thumb sucker" and, of course, has the characteristic malocclusion. We do some orthodontia and have had success with younger patients, but in this case we desire your opinion. If there is a book that will help, we shall be glad to have the title.—P. H. B. Missouri.

A.—The thumb sucking prob-

¹Stafne, E. C.: Periapical Osteofibrosis with Formation of Cementoma, J.A.D.A. 21:1822 (October) 1934.

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tem presented in your letter is not of the type usually encountered; it cannot be controlled by mechanical devices.

It seems to me, if the boy is of normal intelligence, that moral suasion should be used, and that it should be successful in overcoming the habit. If he is a real boy, there are many approaches, which I am sure will suggest themselves to you, if you start thinking along these lines.

For your reference, I would suggest that you consult the book entitled, "The Psychology of the Adolescent," by Hollingsworth, or "Character Growth Education," by Fritz Kunkel. If these are not available, any book by S. M. Gruenberg would also be good.—GEORGE R. WARNER.

To Brighten Inlays

Q.—I read with interest your comments in ORAL HYGIENE each month.

Now I am in a quandary. Is there any technique that I can carry through to make my inlays come out of the investment smooth and bright? They come out anywhere from a yellow to a black, and have a stippled appearance. I am more than pleased with the fit, and polishing develops a nice sheen.

One in about twenty inlays is satisfactory. What would you suggest to make them consistently good?—W. P. D., Georgia.

A.—My partner, who makes a great many inlays, suggests two things that you might do to assure more consistently satisfactory results.

1. After painting the model, dust dry powder onto the soft investment until no more free moisture can be brought to the surface. Let this core of condensed investment set for a few minutes before filling the flask to finish investing.

2. Cast with hot gold. If your castings are smooth, bubble free,

and fit the cavities, it is nothing to worry about if they come out of the investment black or oxidized on the surface. Heating them to a red heat and plunging them into 50 per cent hydrochloric acid will brighten them promptly.—V. C. SMEDLEY.

Stabilizing Dentures

Q.—As a reader of ORAL HYGIENE for years, I am always interested in your department; and I have a case I should like to submit to you for your consideration.

A woman, 58, was referred to me for dentures. Her teeth have been out for a little more than one year. She has had two sets, full upper and lower acrylic dentures, made. She has no difficulty wearing her upper dentures, but she cannot wear either of the lower dentures, as they are uncomfortable, unstable, and hurt her when she exerts pressure or tries to masticate her food with them.

On examination of her mouth her mandible shows a sharp inverted "v" shape, especially so on the anterior portion of the arch from second bicuspid to second bicuspid region. The gum in this region is from three to four millimeters above the bony structure and soft, which I believe causes the instability of the denture. If that is the cause, would excising that ridge of soft gum tissue make it possible to form a rounded ridge with a firm, dense gum and form a basis for a satisfactory, stable denture?—L. C., Florida.

A.—Such an unfavorable mandible for denture support as you have described can usually be greatly improved by a surgical procedure. The mere excision of the flabby ridge of gum tissue is usually not enough to help much however. The sharp knife or saw tooth edge of resorbed bone should also be removed down to a broad enough base to carry the load without bruising or cutting the gum tissue from underneath upon the slightest denture pressure. We sometimes secure a still greater improvement in these cases by a gum flap opera-

tion to provide for a lower attachment of muscles. This procedure is covered in a paper of mine in the October, 1941, issue of the *Journal of the American Dental Association*.—V. C. SMEDLEY.

Method Of Investing

There seems to be much trouble in removing acrylic dentures from the hard investment, as the boiling process does not soften the investment. I enclose a method of investment, which obviates much hard "digging." It is an old method for reproducing dentures, but I have never seen it suggested for acrylic cases. If of enough interest you can use it. I have received much help from ORAL HYGIENE, so pass this along.

To remove an acrylic denture from the investment without hard "digging," invest your case in the lower part of the flask the same as for vulcanite; the investment reaching just to the rim of wax. Let it harden and put on separating material. Clean the inside of your flask ring by running a sand cone on the lathe over it until clean and smooth. Lubricate the inside of the ring with vaseline. Set the ring on the flask and, with an investment mixed not too thick, fill the ring between the labial and buccal of the teeth, slanting the investment up to the top of the outside of the ring. You can use your finger in shaping this, wiping the investment from the tops of the

cusps and lingual of incisors. When hard, apply separating material again and pour the remainder of the flask.

To deflask, separate flask as usual. Pry off top lid of the flask and scrape all investment off where it overlaps the rim. With a few gentle taps, your denture and investment will leave the rim. With a plaster saw or knife, cut down through the investment at the median line as near to the denture and teeth as you can without injury. If, when investing, a piece of cardboard or tin is pushed down in the soft investment at this point, this cutting can be avoided. By placing a knife blade in this opening and gently prying, your investment will leave the buccal and labial of the teeth, and the rest of the investment can easily be removed. This method of investing saves time; avoids breakage and many profane words. This technique can also be used for duplicating dentures.—Fred V. Williams, D.D.S., State Bank Building, Olathe, Kansas.

Removing Stains

A short time ago I had an accident with silver nitrate which left my fingers covered with black stains. After five or six hours I used full strength clorox on the stains and they immediately disappeared. The clorox was put into a cup and the fingers dipped into it. After this a thorough scrubbing with a brush and mild soap removed most of the odor.—Mary Oliver, D.H., Squibb Building, New York City.

DENTAL COLLEGE OFFERED TO UNIVERSITY

THE TEXAS DENTAL College has offered its buildings, facilities, and resources to the University of Texas, according to Doctor W. H. Scherer, president of the board of trustees of the dental college. The value of the institution is about \$200,000, and it was founded in 1905 by a group of Houston business and professional men. This offer was made because the trustees of the dental college feel that "the best interests of national defense, public health, dental education, and the profession of dentistry may be served by absorption of the Texas Dental College by a university." When the offer is accepted, it is the intention of the trustees of the dental college to step aside, leaving full control and management to the regents of the University of Texas.

Proc



Wax up
finished d



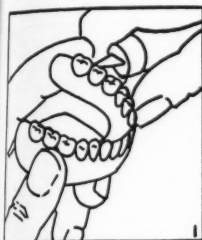
Make 5
strip of
pressing
towel.

TECHNIQUE OF THE MONTH

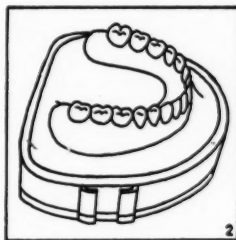
Conducted by W. EARLE CRAIG, D.D.S.

Processing Lower Acrylic Denture by Water Cure Method, Using Acrylic in Jell Form

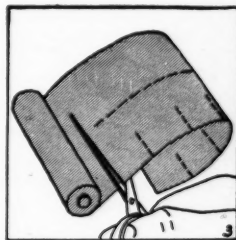
Drawings by Dorothy Sterling



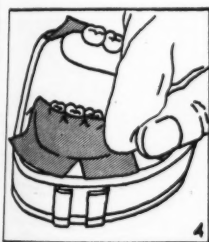
Wax up denture exactly as finished denture is to appear.



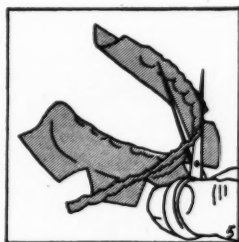
Half flask. Trim and smooth plaster. No plaster on wax. Paint with separating medium.



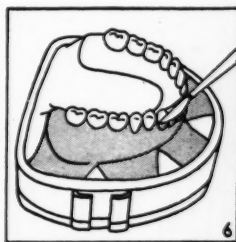
Cut .0003 gauge tin foil large enough to extend from heel to heel, and from teeth to the rim of flask.



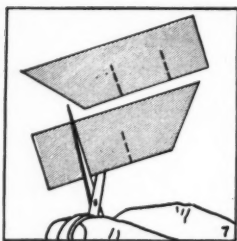
Make 5 cuts, $\frac{1}{2}$ " deep in the strip of foil. Adapt foil by pressing to denture with a towel.



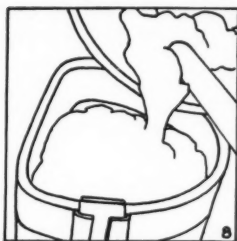
Remove foil. Trim excess. Return to case. With bur-nisher smooth foil well to plaster, teeth, and between teeth. When foil does not lay, tack with wax.



With sharp knife or lancet trim foil from teeth to the edge of wax.



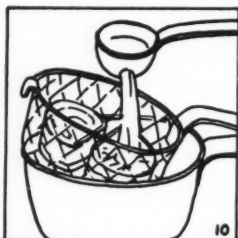
Cut and nick foil for lingual side as shown. Adapt and trim as on labio-buccal side.



Pour top of flask in plain plaster and allow to harden.



Boil flask seven minutes using frying basket to support flask in water. Open flask.



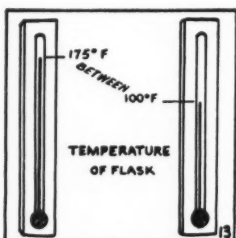
Use only hot water to wash out wax. Hold flask in wire basket. Pour water from soup ladle with hole cut in side.



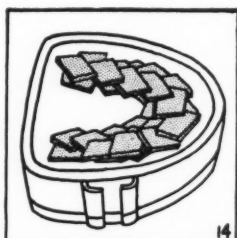
Dry out thoroughly with cotton and air.



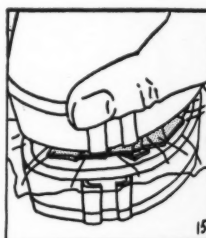
Be sure that teeth are properly seated.



Flask should be between 100° and 175° F. when packing.



Cut acrylic in $\frac{1}{2}$ " pieces. Place around teeth. Take your time. Build up slowly. Make trial closure often.



Place damp cellophane over packed part of flask. Make trial closure.



Close flask and press



Foil mold gauge for finish. Trim undercut finish smooth.



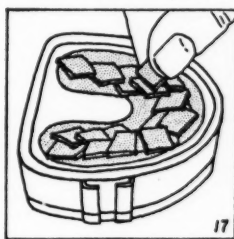
Allow temperature is best over night curing.



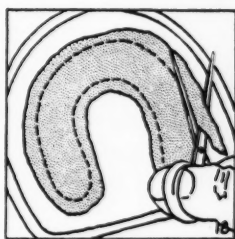
en minutes
sket to sup-
water. Open



Close flask very slowly in hand press.



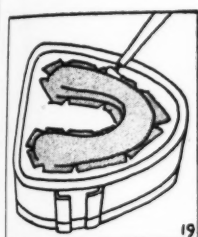
Open. Add material until there is an even excess all over.



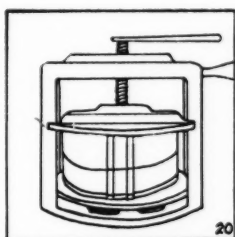
Close flask very slowly in hand press. Trim excess material.



are prop



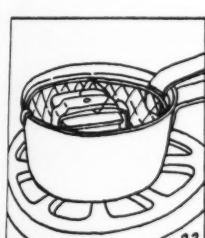
Foil model die, using .0001 gauge foil cut to shape. Bur-nish. Trim all overlap. (For undercuts, apply and bur-nish small pieces first.)



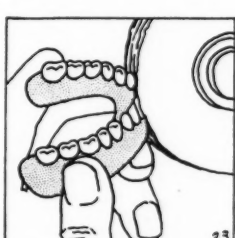
Place flask in spring press for curing. Close as far as possible. Then open one complete turn. Cure, following chart (21) at right. Do not vulcanize.



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t. Make



Allow to cool to room temperature before opening. It is best to allow flask to cool over night in water used for curing.



Polish. Use rag and brush wheels, pumice, and polish-ing liquid.

21—CURING CHART

Run up time (from room temperature to boiling):

1 Hour—for thin restorations, i.e., partials, occlusal splints, upper dentures of less than average bulk.

1½ Hours—average lowers, medium bulky uppers.

2 Hours—bulky uppers and lowers.

2½ Hours—extra bulky lowers, obturators, and all thick section restorations.

Complete processing of all restorations by boiling 15 minutes.

NOTE:

This technique may be adapted to uppers. To make a clear palate: Pack with pink acrylic, ready for final closure; cut out pink acrylic with sharp knife; add clear acrylic, making sure a definite line is maintained.

Laffodontia

Kind Lady: "What are you crying for, my little man? What's your name? Where do you live?"

Little Boy: "That's what's the matter. I don't know my name and I don't know where I live. We moved yesterday and mother was married again today."

★

Wife: "Mother says she nearly died laughing at some of those stories you told her yesterday."

Husband: "Where is she? I'll tell her some funnier ones."

★

First Chorine: "My family dates from the Revolution."

Second Chorine: "I don't know about my family, but I've been dating from the time I was sixteen."

★

Motor Cop—"You were doing forty, Ma'am."

Cute thing—"Forty—oh, was I? Well, you were doing as much yourself, so there!"

★

Beneath the spreading chestnut tree
The smith works like the deuce
For now he's selling gasoline,
Hot dogs and orange juice.

★

He: "Wonderful night, beautiful girl, what a combination!"

She: "Heavens! Is that showing?"

Doctor: "Why, my dear sir, your ankle is broken! How come you managed to walk on it for two weeks? Why didn't you come to me sooner?"

Patient: "Well, Doc, you see, it's like this. Every time I complain about an ache or a pain, my wife insists it's because I smoke too much, and she hides my pipe and tobacco."

★

"I saw the doctor to-day about my loss of memory."

"What did he do?"

"Made me pay him in advance."

★

Mrs. Gabley: "This morning Mrs. Crabbe told me the very gossip I asked you not to repeat to anyone because I promised Mrs. Bone I wouldn't tell."

Mrs. Jabber: "Why, the mean thing! She promised me she would not tell a soul. I'll certainly tell her a thing or two!"

Mrs. Gabley: "Oh, no, don't do that! I told her I wouldn't tell you she had told me you told her."

★

Two little boys stood on the corner.
A little girl passed by.

Said One: "Her neck's dirty."

Said the Other: "Her does?"

★

"If bigamy is a word which means having two wives, what word describes having only one wife?"

"Monotony."

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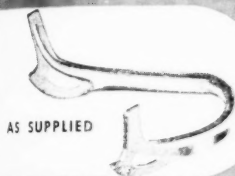
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SURE. SAFE RETENTION

with

NEY Wing BAR



AS SUPPLIED



AFTER
ADAPTING

THIS Streamliner among lingual bars provides lasting retention; it cannot break, loosen or twist out of the saddle. The photographs tell the story. Note the retention wing — it is strong without bulk, ribbed and perforated — made to hold forever!

Convenient to adapt, modern in design, the NEY WING BAR is "tops" among ready-made bars. Order it in Gold Color or Platinum Color—whichever you prefer.



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Dentures

THERE IS NOTHING ACCIDENTAL about the natural beauty and permanence of color in dentures made with "Lucitone" methyl methacrylate resin denture material.

This enduring, lifelike tint is an achievement of Du Pont color chemists. They are specialized technicians who have devoted their professional careers to development of dyes and pigments for plastics, ceramics, paints, inks, textiles, and many other types of products.

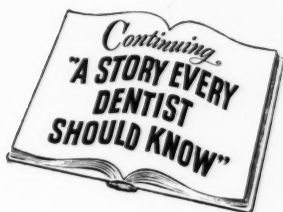
Using Du Pont color research facilities, they spent many months perfecting the special formula for tinting the water-clear "Lucitone" denture material. Only insoluble colors are used. There are no harmful substances that might be dissolved into the mouth by secretions or oral fluids. The color is an integral and permanent part of the denture.

"Lucitone" is certified to comply with the specifications of the American Dental Association.

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es that stay "in the pink"

The pleasing flesh tint is achieved by a special combination of delicate shades of pigments. The natural gum appearance of "Lucitone" is enhanced by its translucent mottling. This gives a warm flesh-and-blood appearance because it allows passage of a correct amount of color from the actual gums.

A series of rigid tests assures that every batch of "Lucitone" is uniform in color value and stability. Other scientific controls and tests occur at every stage of "Lucitone" production. They make certain that Du Pont acrylic denture material measures up to the highest standards of the dental profession for purity, strength, hardness, and permanent beauty. Such a material is well worth specifying every time you have an acrylic denture made. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, New Jersey.

"Lucitone" denture material is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.



GREATEST NATURALNESS

- - in a finished denture

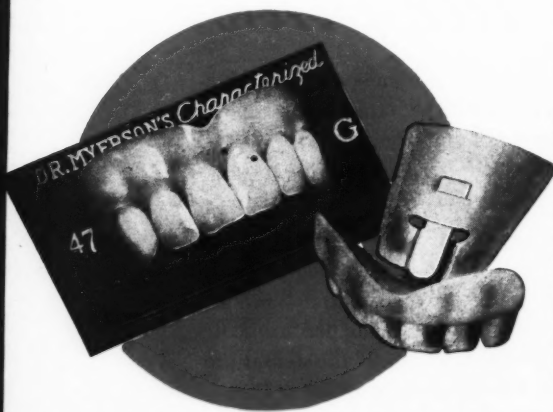
objective. More and more followed quickly to enable dentists to construct dentures of greater naturalness.

Shortly after the sensation created by Dr. Myerson's "True-Blend" came "Modern-Blend" and then *Characterized* teeth.

In 1940 a new way of carding teeth was introduced. Only Dr. Myerson's "True-Blend" and *Characterized* teeth are carded in this beautiful manner. Dr. Myerson's "True-Blend" are the original masterpiece—transparency, stains, erosions and controlled variations.

Each set of *Characterized* teeth has three subtle simulations of synthetic filling. See photograph of two bottom rows on right hand page.

On the next row above is illustrated a new color scale with transparent handles. There are ten beautiful colors in this color scale. The ten colors range from creamy yellow almost white to orange. The teeth are mounted on transparent plastic handles and are inserted in a beautiful pink plastic stand.



Above the color scale is illustrated the oral support.

Next above is shown the life-like extra-oral visualization. This is supplied in five complexion colors.

At the very top is shown the new six set package containing "True-Blend" or *Characterized* teeth, whichever you prefer, mounted in the ingenious manner. Each is capable of immediate trial in the mouth—a great aid towards patient demonstration.

USE THE MYERSON SYSTEM FOR DENTURES

Dr. Myerson's Patents No.
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CAMBRIDGE, MASSACHUSETTS

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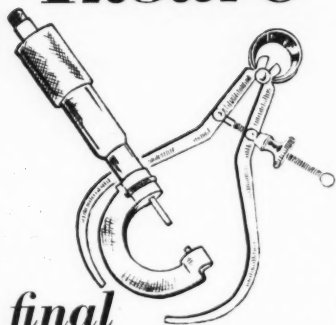
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Insure



final ACCURACY with KELLY'S PASTE

After all—it's final results that count in denture construction—and satisfactory final results depend upon the accuracy of your impression.

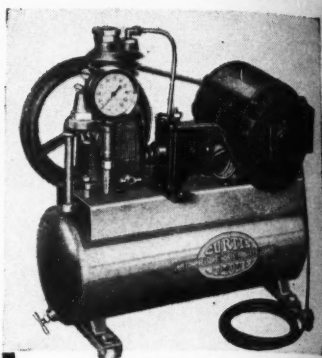
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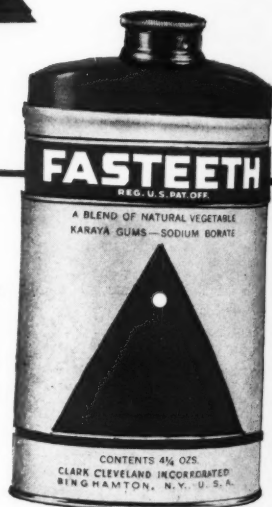
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FASTEETH exerts double action to bring a high degree of satisfaction and more rapid adjustment of the patient to his new dentures. (1) FASTEETH forms a thin, colloidal and yet cohesive film between plate and mucosa — for long hours of retention security. No bulky, sticky feeling. (2) Gently alkaline, FASTEETH acts to offset inflammation caused by hyperacidity beneath the denture and helps alleviate discomfort and irritation arising from awkward use of denture by patient during the adjustment period.

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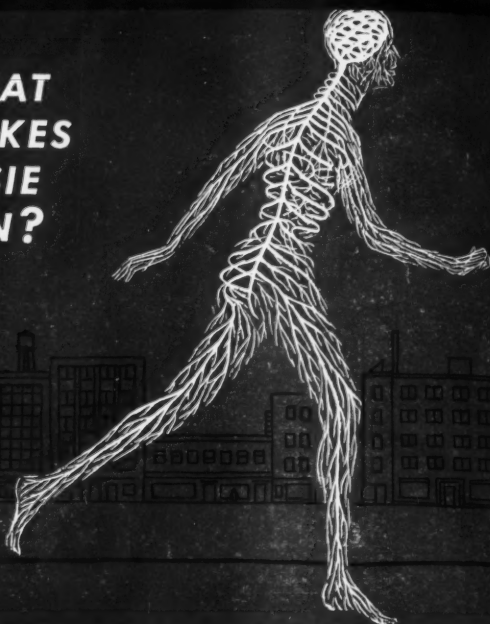
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Doctor.....

Street & No.....

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NOT AN AIR RAID WARNING . . . nor a scare head in the papers. Susie is just a "bundle of nerves," and is hurrying home from a dental appointment—maybe never to return.

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Hy-Vac package patented U. S. Patent Number 2,215,479.

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That means **VERNONITE** is distinctively a denture material, made to conform to dental technic and to meet the special needs required of a denture. It is not a commercial material drafted into a service for which it was not intended.

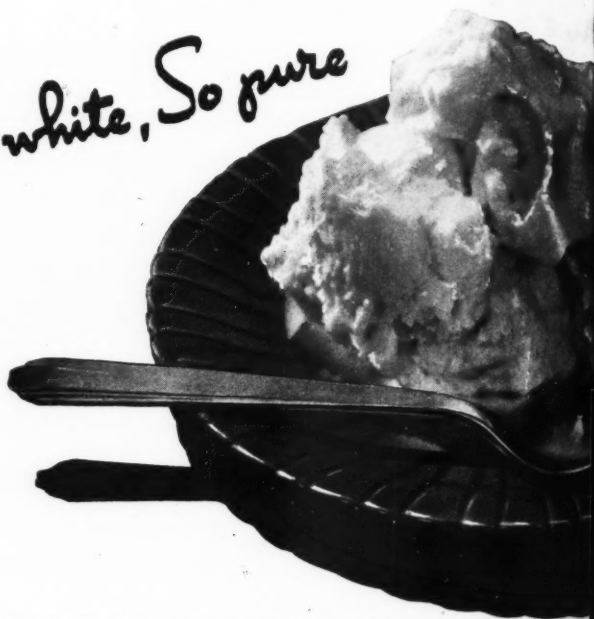
Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Penna., under U. S. Patent numbers 1,980,483 - 2,013,295 - 2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Penna.

VERNON-BENSHOFF COMPANY

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So white, So pure



PROOF? *Impartial laboratory tests show Dr. Wernert's Powder*

26.1% WHITER

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26.1% Whiter! This means proven purity . . . less foreign matter, no dark gummy mass on patients' plates!



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ENTU POWDERS ARE NOT ALIKE!

eat it in Ice Cream!

The crude gum from which DR. WERNET'S Powder is made is the finest, purest and most expensive in the world... *the same grade used as a binder in the highest grade ice-creams!* No other powder can make this claim. Therefore when you recommend DR. WERNET'S you are recommending absolutely safe, digestible material. Each pound is scientifically selected, carefully milled and refined to eliminate all foreign matter.

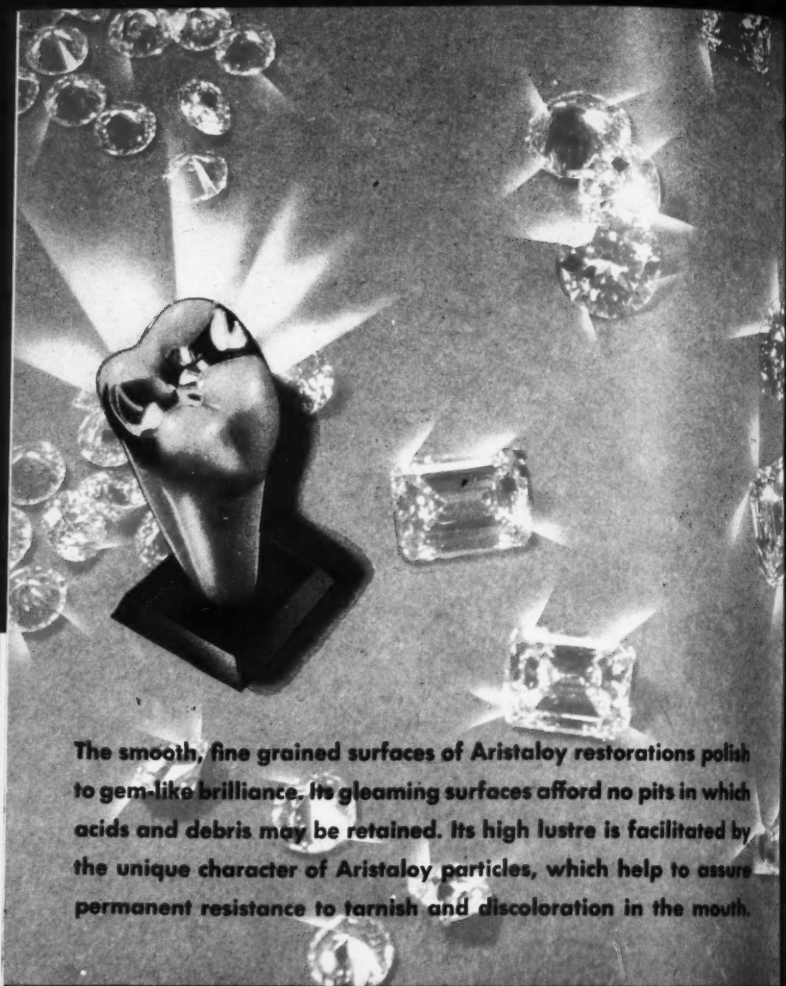


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☐ Ship _____ lbs. of Beauty-Cast Inlay Investment to me and bill thru my dealer.

Name _____

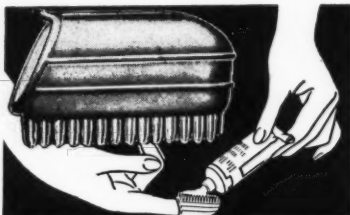
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The HY-KARE Gum Massager is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

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For use with any dentifrice or special lubricant you prescribe. Order direct, or through your supply house.

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In the first few months of its introduction in the Chicago area, Hy-Kare Gum Massager received the endorsement of more than 2,000 dentists.

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HURT
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It is only natural to expect fear in children and sometimes in grown-ups when in the dentist's chair. By the use of NOVOTHESIA DICKS, confidence will be inspired when extractions or other conditions are indicated.

NOVOTHESIA DICKS

is a non-toxic local anesthetic, producing numbness when placed upon mucous surfaces. Will kill germs in 15 seconds without destruction of tissue. Send for your free sample; it will convince you.

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Pruritus ani et vulvae

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A Clean **BREAK**

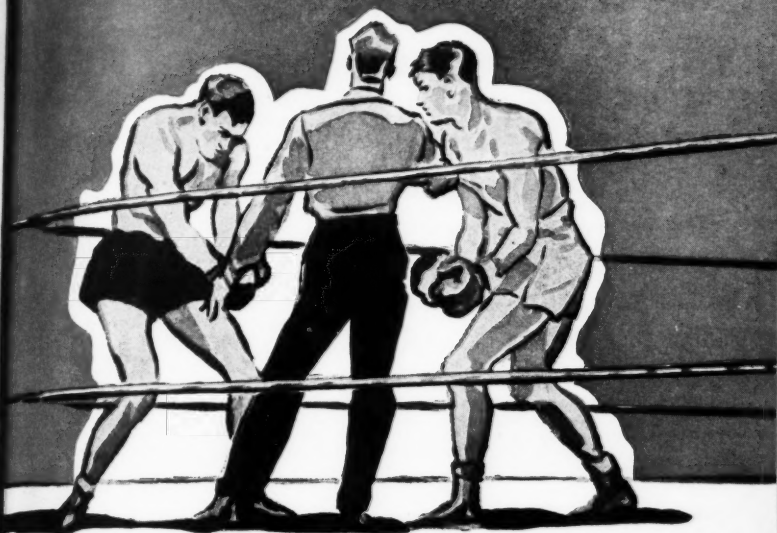


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For impressions of plaster you can't find a better medium than Kerr Snow White, a product exclusively for dental use.

Its quality begins in the basic material and continues in our painstaking processes which follow. Purity and fine grain are far above ordinary commercial plasters.

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Plaster are always precise, and sharp. Setting time is definitely controllable by formula. Clean break is another uniform characteristic.

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KERR DENTAL MFG. CO., DETROIT

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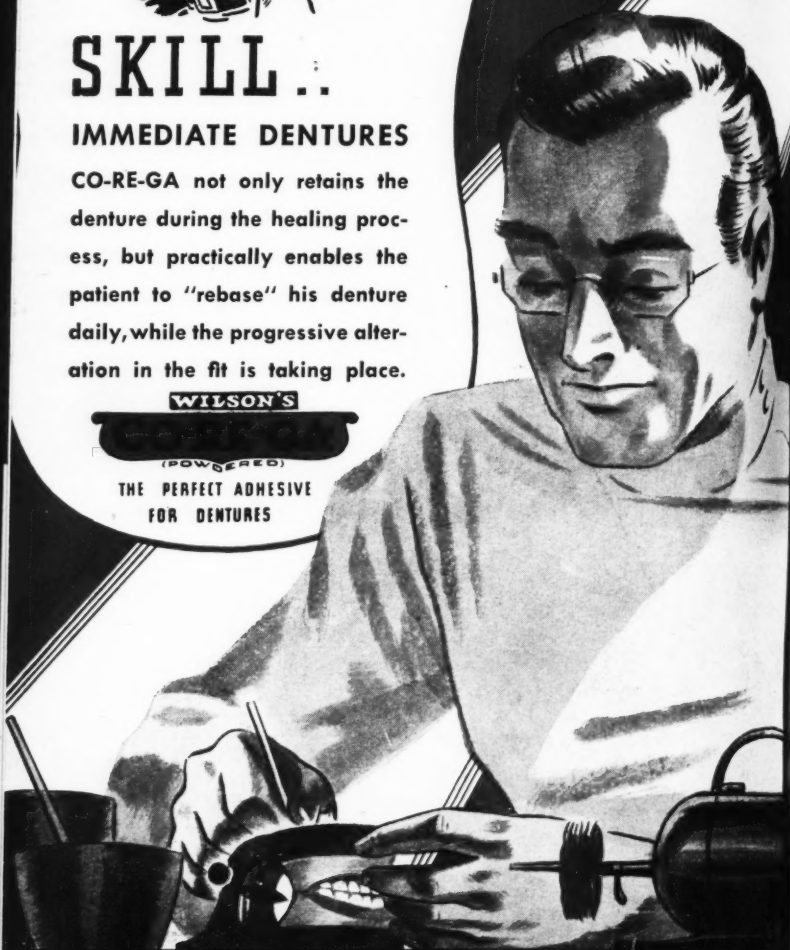
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CO-RE-GA not only retains the denture during the healing process, but practically enables the patient to "rebase" his denture daily, while the progressive alteration in the fit is taking place.

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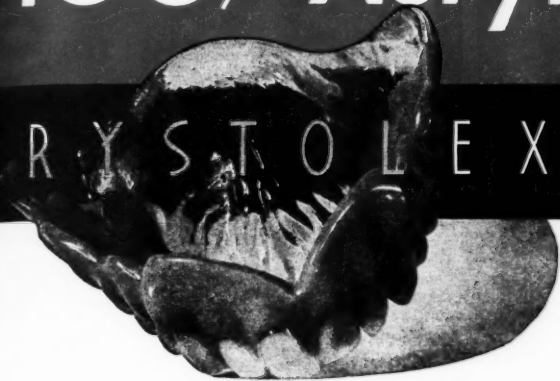
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It's 100% Acrylic!

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By themselves, methyl methacrylate powder and liquid cannot be actually combined in the conditions which prevail in a dental laboratory. So acrylic denture materials generally contain certain plasticizers to promote this union. But there is no plasticizer in Crystolex. Yet Crystolex Powder and Liquid combine almost instantly—not merely into a sandy mass but into an intimate, actual chemical union. Your Crystolex Dentures are therefore 100% acrylic—100% non-toxic, strong, stable, flawless and warpage resisting. Standardize on Crystolex, the 100% acrylic denture base formulated exclusively for dentistry—the acrylic that's different and better.

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BRINGS COMFORT AND CONFIDENCE TO NEW DENTURE PATIENTS

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Please send free professional samples of MOY, the new white alkaline holding powder to:

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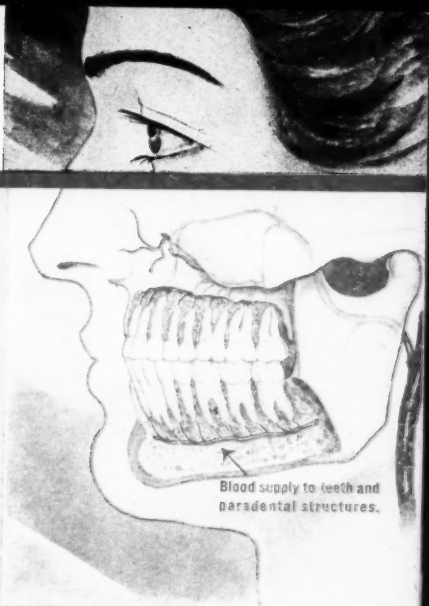
BACTERIA RIDE HIGH

*when blood
runs low!*

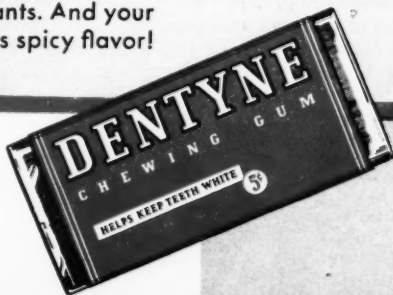
"WAKE UP CIRCULATION!"—this should be the slogan for patients with an incipient or clinical case of periodental disease. The slowing up of the gingival blood supply under masticatory indolence sets up a dangerous susceptibility to trauma from irritating calculi, oral sepsis or food impactions.

Little wonder, in view of today's "pre-digested diet," that the gingivae are, of all human tissues, the most frequently infected... that periodontoclasia is so alarmingly prevalent!

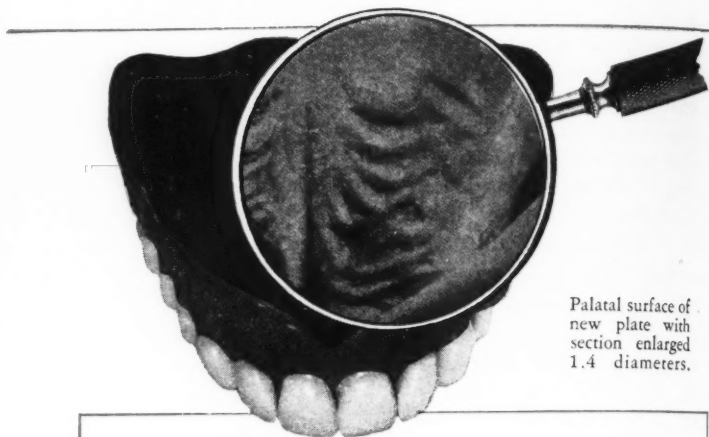
For the prevention and post-operative care of periodontal disease, your suggestion to your patients that they exercise with a large, firm, non-nutritive bolus (such as is provided by Dentyne Gum) will not only assure adequate circulatory stimulus, but help in the removal of physical and chemical irritants. And your patients will like its spicy flavor!



Dentyne
CHEWING GUM



ABRASION TESTS SHOW HOW CAN DESTROY FIT

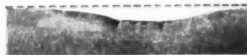


Palatal surface of new plate with section enlarged 1.4 diameters.

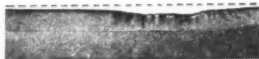
ACTUAL PHOTOGRAPHS SHOWING ABRASION OF DENTURE MATERIAL AFTER 5,000 BRUSH-STROKES . . . USING:



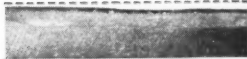
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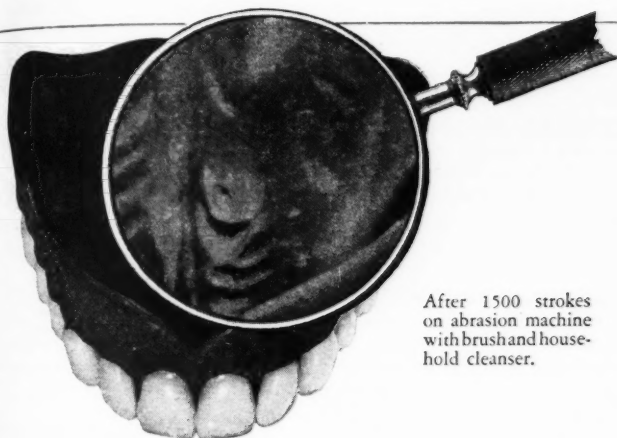
BRUSH ALONE

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HOW BRUSHING DESTROY FIT OF DENTURES



After 1500 strokes
on abrasion machine
with brush and house-
hold cleanser.

**Household Cleansers, Most Dentifrices,
Even Brushing With Soap and Water Destroys Surfaces
Vital to Perfect Suction**

This series of abrasion tests—made on vulcanite and acrylic denture materials—materials *softer* than dentine—clearly proves the destructive effects of cleaning full dentures by brushing methods.

In each case, 1500 strokes (above) or 5000 strokes (box, left) produced the damaging results shown in these magnified photographs . . . wearing away the minute, yet vital, convolutions and surfaces that insure correct fit . . . and thus

nullifying the work of the prosthodontist.

These tests show graphically why thousands of dentists prescribe POLIDENT for cleaning all plates and removable bridges. POLIDENT *dissolves* mucin, tarnish, food-debris . . . *soaks* dentures clean, sweet and pure without danger from harsh abrasives or acids.

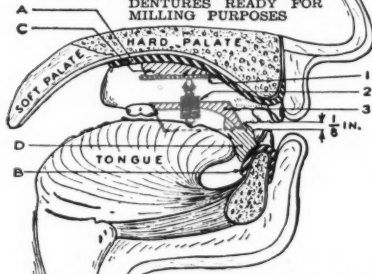
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The SAFE brushless cleanser



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Better Dentition

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Three daily servings (1½ oz.) of New Improved Ovaltine provide:

| | Dry Ovaltine | Ovaltine with milk* |
|----------------------------------|---------------|---------------------|
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| CARBOHYDRATE | 30.00 Gm. | 66.00 Gm. |
| FAT | 3.15 Gm. | 31.95 Gm. |
| CALCIUM | 0.25 Gm. | 1.05 Gm. |
| PHOSPHORUS | 0.25 Gm. | 0.903 Gm. |
| IRON | 10.5 mg. | 11.9 mg. |
| COPPER | 0.5 mg. | 0.5 mg. |
| VITAMIN A | 1500 U.S.P.U. | 2953 U.S.P.U. |
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*Each serving made with 8 oz. milk; based on average reported values for milk.



NEW IMPROVED

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2 KINDS—PLAIN AND CHOCOLATE FLAVORED
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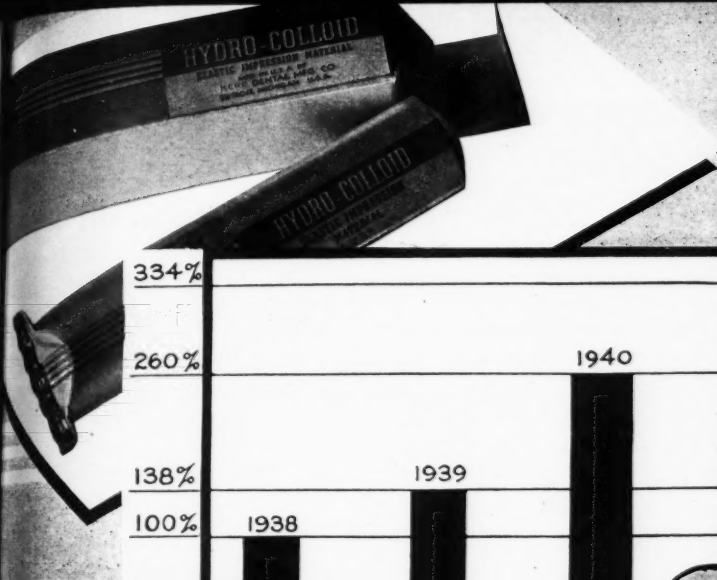
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marked preference so widely won by Kerr Hydro-Colloid in the field of elastic impression materials is easily explained by facts that are personal experience to thousands of Dentists. For Kerr Hydro-Colloid:—

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- Produces impressions that bend over 25% without fracture or distortion,
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- Comes from Kerr, leading specialist in prosthetic materials.

Just try Kerr Hydro-Colloid on your next impression of difficult undercuts.

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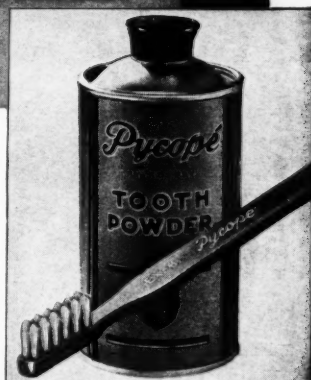
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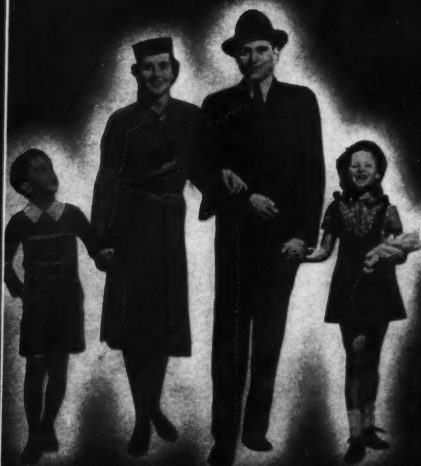
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Men Against

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From time immemorial, pain—in childbirth, on the battlefield, on the operating table—was deemed an inescapable human martyrdom. But against this tide of fatalism there were men who patiently, heroically sought a way to assuage the anguish of pain.

One of these Men Against Pain was Joseph Priestley—evangelist, scientist and the foremost chemist of his times. Out of his chemical researches came the discovery of nitrous oxide... but as Priestley prepared to make his first experiment on animals with this gas, an aroused mob burned his home, his laboratory, his records—halted investigations which might have developed anesthesia nearly a century before its discovery.

Man of science, man of God, Joseph Priestley contributed mightily to the epic struggle of Men Against Pain.

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Best Pain

FROM

Joseph Priestley

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1733 - 1804

The Novocol chemists have been Men Against Pain for the past thirty years. Better solutions, improved containers, newer and safer anesthetics have been their aim.

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Monócaine has been enthusiastically received by the dental profession. By September 1st, 1941, more than 45,000,000 injections had been made at the chair with Monócaine HCl. Today, over 92% of all Novol users prefer Monócaine to procaine. They have made their choice on the strength of Monócaine's safety, potency and universal application to all types of cases and all kinds of patients.

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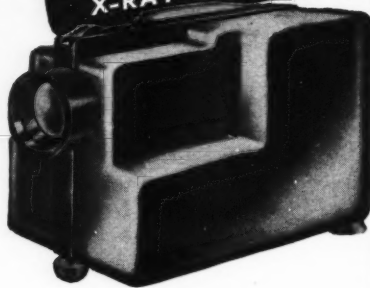
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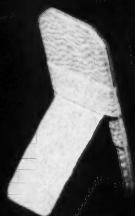
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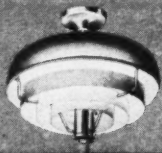
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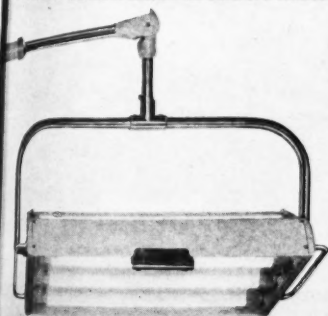
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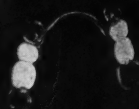
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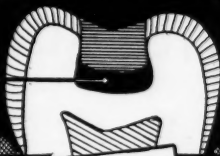
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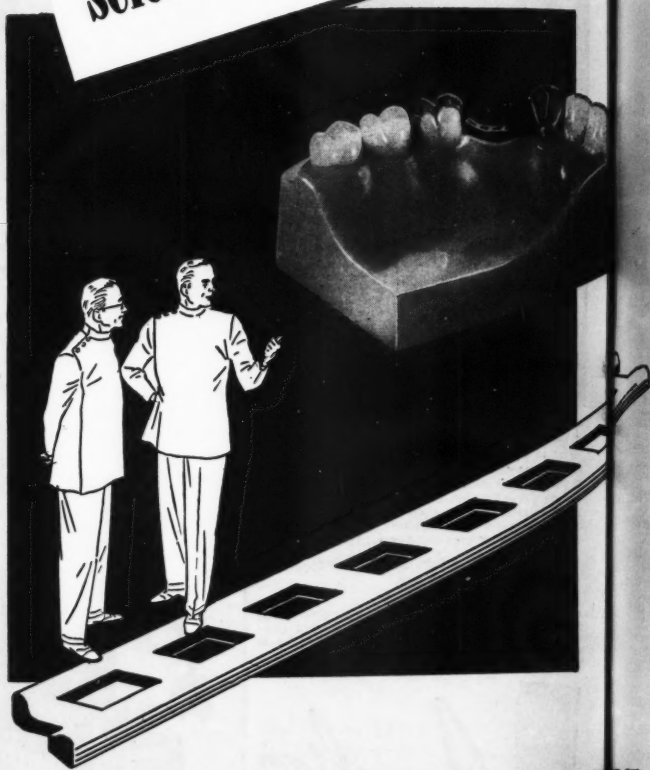


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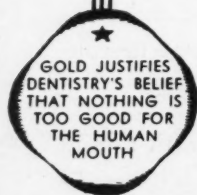


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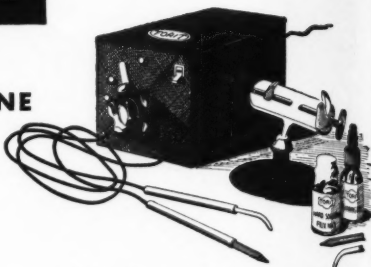
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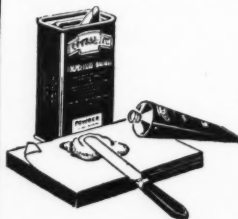
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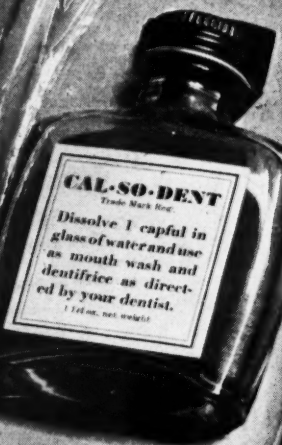
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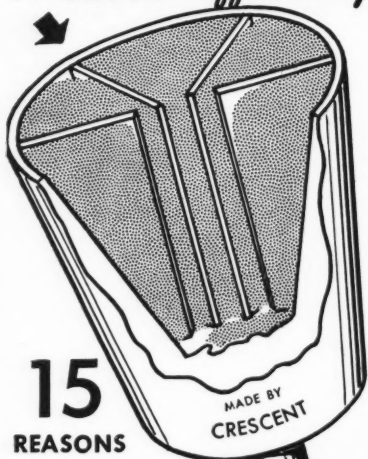
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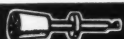
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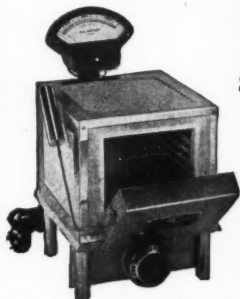


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FURNACE.
flask. Tem-
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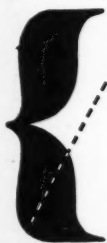
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FIRST strip teeth of mucin with OraClenz Coagulent.

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RESULT pearly luster in less time . . . teeth that reflect a superior prophylaxis . . . a walking advertisement any dentist would be proud of!

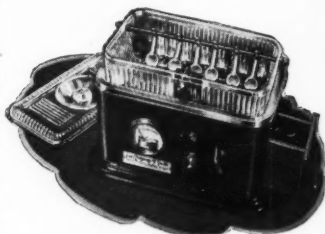
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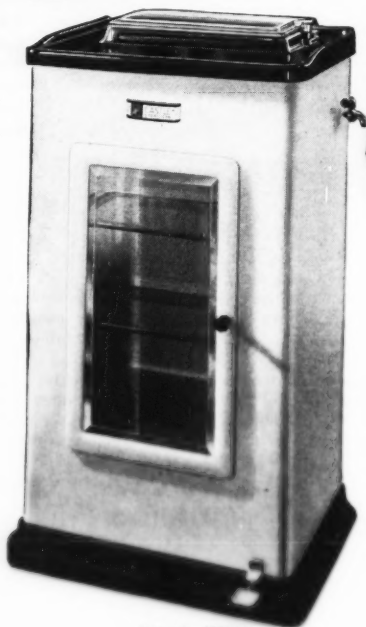
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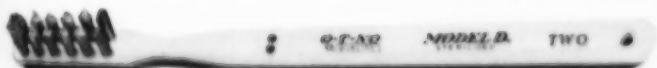
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(Specify 2 Row, 3 Row, Junior Childs)
Please also send data and price list.

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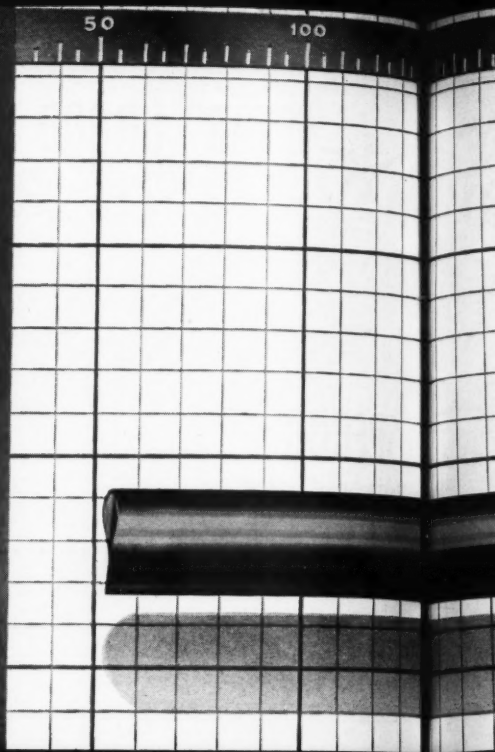
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BRINELL NUMBERS

DATA:

The comparative chart illustrates the unusually wide scope of hardnesses provided by dental golds. The measurement of the range is shown in Brinell numbers, which are standard units of resistance to wear and indentation.



Illustrating an important

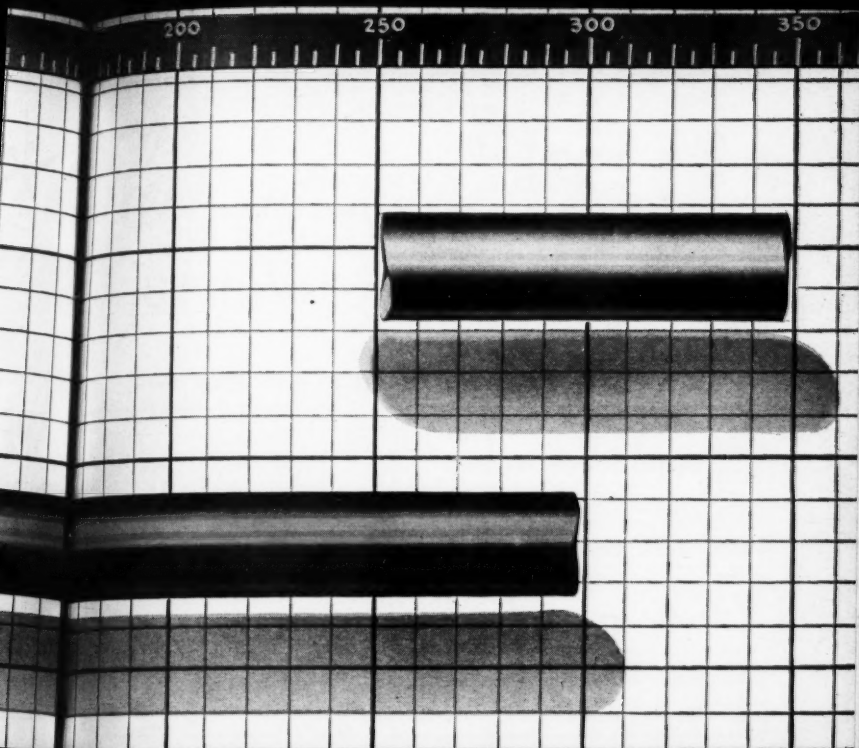
WHAT IS "RANGE OF HARDNESS"?

Range of Hardness is the scope of a material's availability at varying resistances to wear and indentation.

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an entire range of dental golds.

Why is Gold's Range of Hardness Important in Dentistry? Whereas non-precious dental metals have a fixed hardness within relatively restricted limits, the many dental golds provide a tremendously wide, useful range from which the dentist may choose his exact requirements.

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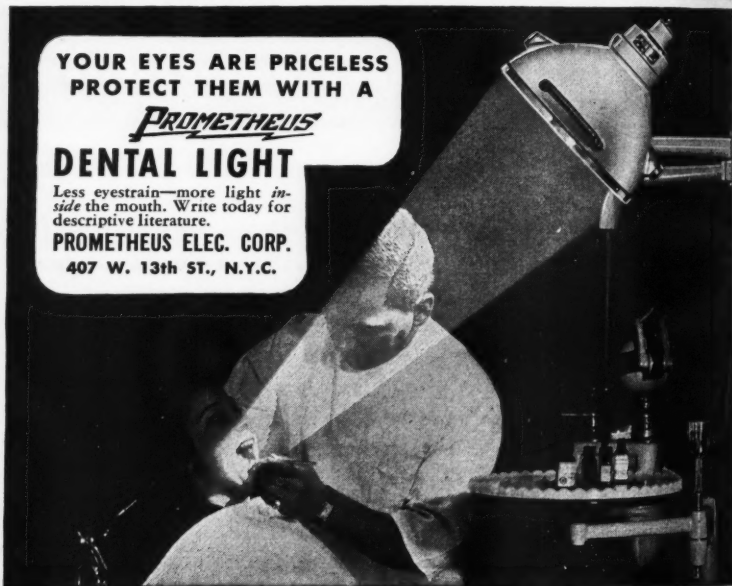
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Less eyestrain—more light *inside* the mouth. Write today for
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Here is a local anesthetic **so new** . . . and so different . . . that we proudly proclaim it the greatest advance in dental anesthetics in the past quarter-century.

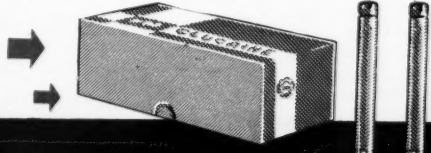
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Boxes of 100 large
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GLUCAINE ★
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RORER'S TOPICAL ANESTHETIC SOLUTION

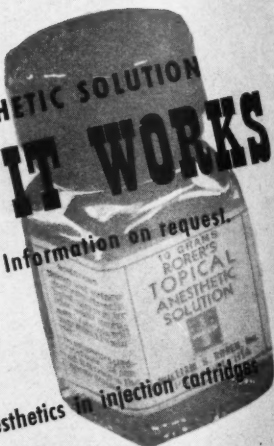
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"...in allaying
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January the 22nd
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Dear Sirs,-

Your letter about Poloris just received. Time and again I have found Poloris Foullices extremely useful in allaying gum irritation due to erupting third molars, and other causes.

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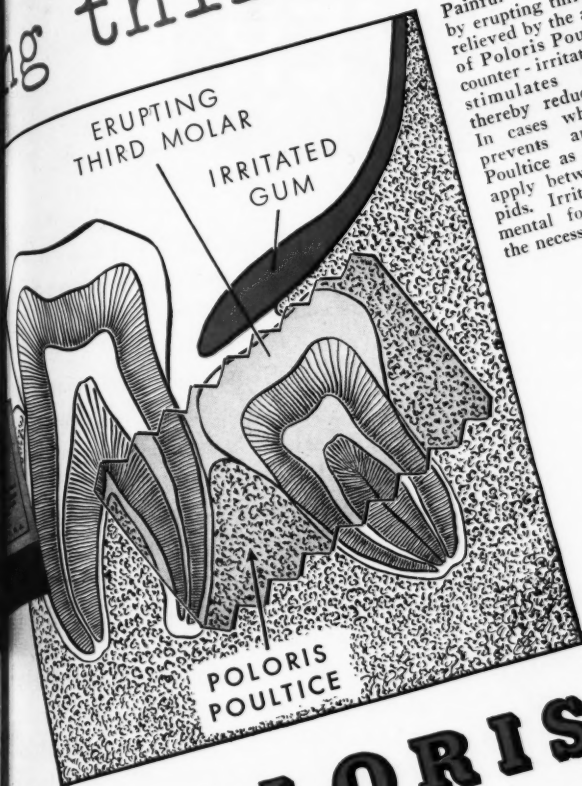
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Painful irritation caused by erupting third molar is relieved by the application of Poloris Poultrice. The counter-irritating action stimulates circulation thereby reducing tension. In cases where swelling prevents application of Poultrice as in illustration, apply between the bicuspid. Irritation over the mental foramen provides the necessary reflex action.



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✓ *"Lack of Vitamin A—Severe lack of Vitamin A during the formation period of the teeth may therefore cause severe abnormalities in development . . .*

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*Abt, A.F.: Arch. of Ped., 58:210-227, April, 1941.



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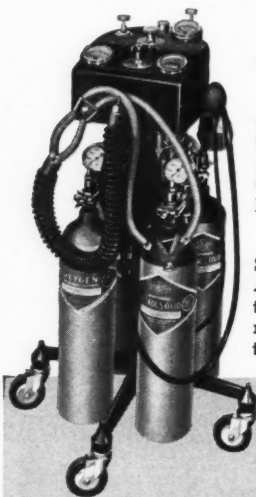
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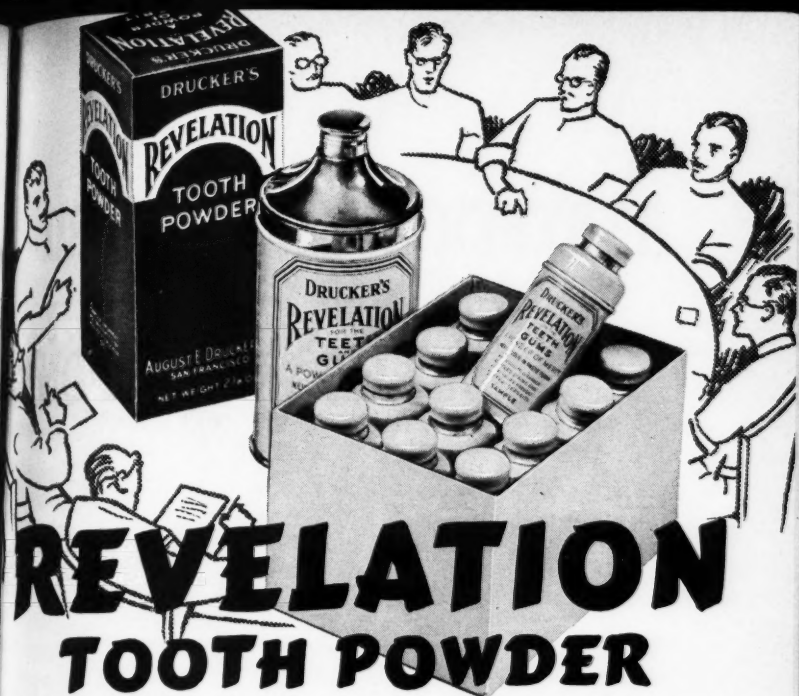
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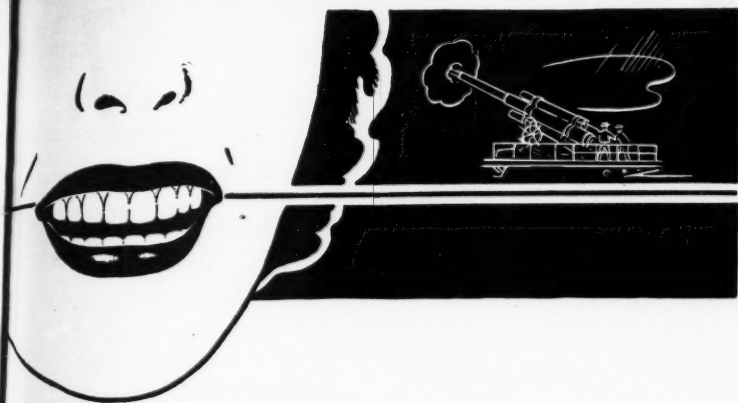
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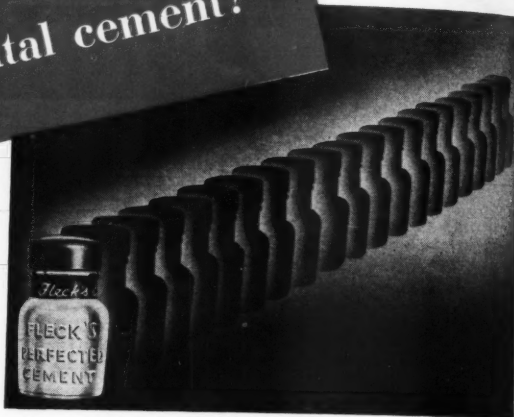


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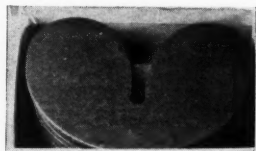
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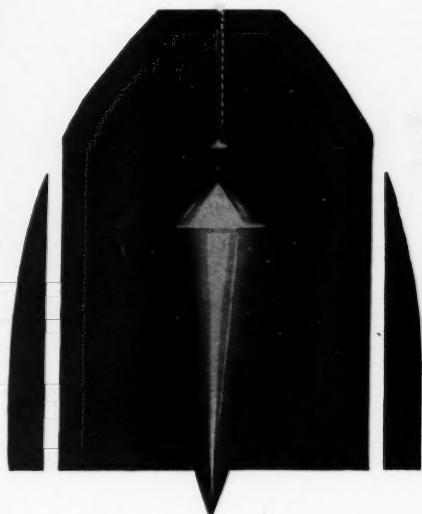
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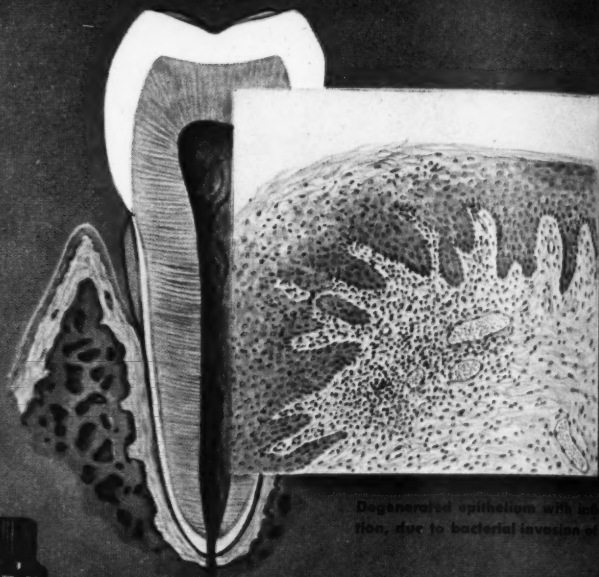
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